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## ORIGINAL LECTURES.

### REMARKS ON MEDICINAL AND NON-MEDICINAL THERAPEUTICS.

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IN order that the scope of my remarks may be apprehended at the outset, it is necessary to define the terms embraced in the title of this address.

The term therapeutics may denote only the employment of medicines—that is, drugs. This is a limited sense of the term. In a broader sense it comprehends the treatment of diseases not by medicines alone, but any means or appliances. The latter is the more correct definition according to the etymology of the term (*θεραπευω*), and in this sense I shall now use it.

The term medicinal, as I shall use it, is restricted to the employment of drugs.

The title which I have chosen might be otherwise expressed as remarks on the treatment of diseases with and without drugs.

From time immemorial, it has been considered to be the chief office of the physician to prescribe and regulate the employment of drugs. Not entering at all into the past history of medicine, let me ask, What is the prevailing popular sentiment at the present time, in all countries, respecting the part which medicinal therapeutics play in medical practice? Is it not that the practice of medicine, exclusive of the use of drugs, would be like the play of "Hamlet" with the part of Hamlet omitted? How many patients at this day would be satisfied to be treated for an illness without drugs?

Several years ago, my friend, Professor Alfred Stillé, visited with me my wards at Bellevue Hospital. I pointed out a patient who had recovered from pneumonia, the disease having passed through its course in the most favorable manner. As we were leaving the patient he exclaimed, in a tone of much irritation, "No thanks for my getting well; I have not had a particle of medicine since I came into the hospital." The case had been left to nature, and nature had effected the recovery as quickly and as completely as possible; yet the patient was much aggrieved, and felt that he had been neglected. Now, had he been treated with perturbatory medicinal agents, which might have induced ailments in addition to those incident to the disease, perhaps prolonging the duration of his illness and rendering his convalescence tedious, doubtless he would have been satisfied, and possibly have felt grateful to his physician. Have not many of those whom I now

address met with analogous instances in which patients, having been subjected to little or no medication, have manifested after recovery no sense of obligation for medical services? Some may even have reproached themselves for having incurred the unnecessary expense of medical attendance, and may perhaps have declined to make an adequate pecuniary compensation. Professional visits not supplemented by requisitions on the apothecary are deemed by many valueless. The worth of medical attendance is measured, in the minds of not a few, by the number of drugs prescribed. How generally, after a consultation, is it asked, "What new remedies are to be given?" and how often a feeling of disappointment, if the consulting physician have simply concurred in the propriety of the remedies already in use—leads to the reflection that a consultation might just as well not have taken place!

The twofold sense of the term medicine is significant. In one sense of the term medicine denotes a "science, the object of which is the cure of diseases and the promotion of health." In another and the more popular sense the term denotes a medicinal agent or a drug. The same is true of the term physic. Up to a late period this term was used in a sense synonymous with the term medicine as the name of a science. Popularly the term physic means a drug, and especially a purgative drug. These facts are cited to show that outside of the medical profession the practice of medicine and medicinal therapeutics are regarded as about one and the same thing.

It is a general impression with those who are not of the medical profession that eminence in this profession is based chiefly on superior attainments in medicinal therapeutics. The fact that one may be an accomplished anatomist, an erudite physiologist, a profound pathologist, and a distinguished diagnostician, irrespective of extraordinary knowledge or skill in the medicinal treatment of diseases, is not appreciated. In this point of view, the science of medicine in the popular mind is identified with the employment of drugs.

Now, it is needless to argue before this audience that a physician is not to be regarded purely as a prescriber of drugs; that the terms medicine and physic may have a broader and higher sense than that which limits their application to the materia medica, and that true eminence in the profession is by no means derived exclusively from medicinal therapeutics. I need not say that to withhold drugs in the treatment of cases of disease is as important an exercise of professional judgment as to employ them. In view of the prevailing popular errors just referred to, it is often more politic for the medical practitioner to employ than to withhold drugs. By withholding drugs he may not only disappoint the expectations of his patients or their friends, but he incurs a risk of having his disuse of drugs attributed to want of either knowledge of the disease or of interest in the case, and thereby to a withdrawal of confidence. The prevalence of these errors thus places

the practitioner in a false position. Nothing is easier than to prescribe drugs. On the other hand, to refrain from their use may require, in addition to knowledge and judgment, not a little firmness and independence. An ignorant or weak practitioner, therefore, may be tempted to pursue a medicinal treatment in opposition to his judgment, or in order to cover up his lack of knowledge. Herein the popular errors may interfere with the usefulness of medical practice. Moreover, these errors do injustice to the science of medicine as well as to the medical profession.

The time will come when the physician will not be regarded as solely a therapist, but as a medical counsellor, whose functions embrace the preservation of health and the prevention, not less than the treatment, of diseases. Patients will then congratulate themselves, and be congratulated by their friends, whenever it is decided by the physician that potential drugs are not called for; but, as it should be added, drugs will then never be withheld if, in the judgment of the physician, they are indicated. This reformation, if I may so call it, is to be brought about by a change in popular ideas respecting the practice of medicine. Let the public understand that drugs are not to be employed, as a matter of course, whenever a physician is consulted or is in attendance. Let placebos be seldom, if ever, required for a moral effect. Let it be understood that, as modern clinical studies have demonstrated, many diseases end in recovery from an intrinsic tendency and self-limitation. Let it be popularly known that most medicinal agents are curative, not directly but indirectly, by the removal of obstacles in the way of recovery; that nature is always the efficient curative agent, and, therefore, that the physician is nature's servant, not her master. Let the value of medical science, in the palliation of suffering and the promotion of the toleration of diseases which do not admit of recovery, be fairly appreciated. When these desirable objects are accomplished, the medical profession will hold a position in public estimation higher even than it now holds; a more elevated standard of medical education will become a necessity, and the usefulness of the profession will be increased. Moreover, this reformation will prove the most efficient of the means for the protection of the public against irregular and illegitimate systems of medical practice, and, as may be added, against the unworthiness of those who claim to be regular or legitimate practitioners. The most popular of the systems opposed to legitimate medicine and the regular profession at the present time is based on the assumption that diseases are controlled by drugs, according little or nothing to a natural tendency to recovery. Correct popular ideas of medicinal and non-medicinal therapeutics are incompatible with confidence in this or any system of practice which assumes that recovery from diseases is always due wholly to medicinal agencies. Let correct ideas prevail, and there will be fewer instances than now within the ranks of the profession of unworthy means to secure a local reputation and to enhance the sense of obligation for professional services; in other and plainer language, there will be less of quackery within, as well as without, the medical profession.

As preliminary to the reformation in popular ideas to which I have alluded, there must be more unanimity

than now exists in the medical profession respecting medicinal therapeutics. There is considerable diversity among physicians with respect to their estimation of the importance of drugs, and a corresponding diversity in practice. There are practitioners who, in this point of view, exemplify opposite extremes. Some practitioners have an excessive and unwarrantable faith in drugs; others are excessively and unwarrantably sceptical. Any practitioner who has a considerable number of acquaintances among his fellow-practitioners will readily recognize examples of each of these extremes. Pharmacomania is a form of mental aberration affecting alike certain physicians and patients. The latter have a morbid craving for, and the former an abnormal propensity to prescribe drugs. If it so happen that a pharmacomaniacal patient is under the care of a practitioner to whom that name applies, there may be mutual satisfaction, but, if not so mated, there is apt to be dissatisfaction on both sides.

The pharmacomaniacal practitioner never tires in the use of remedies. He has a distinct drug for every symptom, and remedies are multiplied in proportion as new symptoms appear. One may know that to this extreme a practitioner belongs by a glance at the array of phials, cups, and glasses at the bedside of the patient. The prescriptions, which accumulate daily, contain a multiplicity of ingredients, each, perhaps, designed for a particular object; or, to borrow a well-known comparison, they are like a heavily loaded shotgun—intended to do execution, although discharged without much regard to aim. His patients after recovery have a large collection of souvenirs consisting of the daily surplus of prescribed remedies. To the apothecary he is a "joy for ever." A catalogue of the medicaments presented by the apothecary as a memento shows that Molière did not exaggerate in the enumeration with which he opens his play, "*La malade imaginaire*." The pharmacomaniacal practitioner is never discouraged in the use of new remedies. He reads medical treatises and journals with special reference to these, and he loses no time in giving his patients the benefit of all in succession. As one new remedy after another becomes obsolete in consequence of having been found useless or injurious, he relinquishes it only to supply its place by one still more recent, always accepting the latest with as much avidity as he had accepted the remedies which he has discarded.

The practitioners who exemplify the opposite extreme, the sceptic, or, as may be said, the disbeliever, need not be delineated, inasmuch as the picture would be precisely the reverse of that just presented.

Truth, of course, lies somewhere between these extremes, and between the truth and the extremes are different gradations. Here, as in other instances, "*in medio tutissimus ibis*" is the conservative maxim. The practitioner who holds a just medium between the two extremes has sufficient confidence in medicinal agents, but, recognizing that in proportion to their potency they do either good or harm, he must be satisfied that they are clearly indicated before he employs them. He will not prescribe potential drugs at a venture, but only for a clearly defined purpose. He shoots after having taken deliberate aim, and he shoots with the rifle in preference to the shotgun. He requires competent testimony, based on trustworthy experience, before subjecting patients to

the trial of new remedies. Fully alive to the progress of knowledge in medicinal therapeutics, he holds fast to what is actually known, and adopts what is new on satisfactory evidence afforded by his own experience added to that of others. He may make original observations with a view to enlarge the boundaries of our therapeutical knowledge, but his observations are made with due precautions, not overlooking his responsibility for the welfare of his patients. His observations have for their sole object the discovery of truth for a beneficent end. He is conservative, but his conservatism is not fogysm. He cultivates and practises medicine as a science, but he never forgets that medicine is a science of which the pervading principle is humanity.

A fact not to be lost sight of is, that the only reliable basis of therapeutical knowledge is clinical experience. It is not sufficient to conjecture from the properties of drugs as to what they ought, reasoning *a priori*, to effect. It may take a long time for clinical experience to overthrow fallacious conclusions reached by such a method of reasoning. The results of experiments on lower animals must be accepted with caution. It is true that clinical experience is beset with difficulties which exemplify the Hippocratic axiom *experientia fallax*. The *post hoc, ergo propter hoc* errors are often enough alluded to; nevertheless, they abound in the practice of medicine. How often can we be assured, when notable improvement has followed a measure of treatment, that the same improvement would not have followed the employment of a different measure, or if nothing had been done therapeutically! Great as are the difficulties in the way of determining the precise therapeutical value of drugs, clinical experience is the only tribunal from which there is no appeal.

It is a striking fact that our knowledge of medicinal agents which are acknowledged to have the most special therapeutical value, until lately rested wholly on an empirical basis—that is, their *modus operandi* was entirely unknown. This is true of cinchona and other antiperiodic drugs, mercury and iodine in syphilis, and chalybeates prior to our present knowledge of anæmia. At the present time it can be said that the therapeutical value of cinchona, mercury, and iodine probably depends on their efficacy as parasitocides. This explanation came long after the discovery of the therapeutic value of these drugs. It is not easy to name drugs of equal therapeutical value, to the knowledge of which *a priori* reasoning led the way. Yet, although clinical experience is the only basis of our actual knowledge, analogical and speculative reasoning may, with propriety, precede the appeal to that tribunal. The explanation of the *modus operandi* of the remedies just named, together with the recent most important developments in etiology, has given a direction to therapeutical observations which may lead to an immense advancement of our knowledge of medicinal therapeutics. I refer to discoveries respecting the parasitic origin of certain infectious diseases. Let the doctrine be established, as may be expected, that all infectious diseases are parasitical, and let the class of infectious diseases be enlarged, as may also be expected, and the therapeutical problem will be to ascertain by clinical experience a parasiticide for each parasite. Let this be accomplished, and therapeutics will have undergone a revolution, the extent of which it is impossible to foresee.

It is most inspiring to think of the lustre to be conferred on medicine, and of the boon to humanity, by the ability to control all the essential fevers, together with septicæmia, epidemic cholera, influenza, pertussis, dysentery, and last, but first in relative rank as a life-destroyer, pulmonary phthisis! Never before could the medicine of the future have appeared more bright and encouraging than at the present outlook.

My remarks thus far have had reference to medicinal therapeutics. In the same desultory way I shall offer some remarks on non-medicinal therapeutics.

As a rule, medical practitioners who overestimate medicinal therapeutics underestimate, in an equal ratio, non-medicinal therapeutics. The pharmacomaniacal practitioner is not likely to give much heed to non-medicinal measures of treatment. So, also, the pharmacomaniacal patient is prone to disparage and neglect measures which are non-medicinal. He places his reliance solely on the *materia medica*. It is perhaps true that drugs, oftener than non-medicinal measures, are used to an injudicious extreme, and that generally the evils of the former are greater than those of the latter; nevertheless, errors in the treatment of diseases irrespective of drugs are by no means infrequent, and may be productive of not a little harm. To some of these I shall advert. My remarks will relate to diet, to the use of alcohol, to "cold-catching," and to mental influences exerted upon patients.

Alimentation is not less an essential factor in therapeutics, as applied to both acute and chronic diseases, than in the maintenance of health. Certain fundamental principles of dietetic therapeutics are to be kept in view. One of these is that there is never danger from over-nutrition in either acute or chronic diseases. Whatever risk there may be of harm from an over-ingestion of food relates to the processes preliminary to assimilation and nutrition.

Another fundamental principle is that the immediate lethal agency, when diseases destroy life by slow asthenia or exhaustion, is chiefly innutrition. Graves acknowledged indebtedness for the suggestion of his plan of "feeding fevers" to a country doctor, who said that he seldom lost patients with fever provided they were not allowed to die of starvation. Now, what is true of fevers as regards the importance of a sustaining diet is equally true of all diseases which kill by slow asthenia. Death is due to starvation, and may be averted if effective assimilation and nutrition be practicable. In all chronic diseases which admit of recovery, this termination is the more assured and expeditious, as a general statement, the better nutrition is maintained. The tolerance of those diseases which do not admit of recovery and the prolongation of life are promoted in proportion as alimentation can be made conducive to nutrition.

It follows from these principles that, in cases of either an acute or a chronic disease, the question is not whether the patient is in danger of being over-nourished, but, on the contrary, whether alimentation is adequate to the capabilities of the processes relating to nutrition. Patients cannot be over-fed so long as the food taken is digested, assimilated, and appropriated by the tissues. As it is impossible always to graduate with exactness the quantity of food to the digestive, assimilative, and nutritive powers, it is evident that the quantity must often either exceed or fall below the capabilities of the



processes relating to nutrition. Now, of the two evils, which is the less? I answer, an overplus of aliment, inasmuch as nature provides for a redundancy more than for a deficiency of alimentary supplies.

It is a sound maxim in medicine that the therapeutic indications derived from science and from nature, as a rule, should harmonize. If they be in conflict, the scientific indications are open to suspicion. I will add, as another maxim, that the true principles of therapeutics are in accordance with the dictates of common sense. If there be antagonism here, when are considered the liabilities to error in scientific deductions, it is reasonable to suspect the correctness of the latter. These maxims are applicable to the dietetic treatment in diseases. Nature's indications as regards diet relate to appetite and the sense of taste. That appetite and taste were intended to govern the choice and quantity of aliment in health no one can doubt, especially if it be added that the indications derived therefrom are to be regulated, to a certain extent, by reason and experience. But it is a popular error that these natural indications are necessarily morbid in cases of disease, and that, instead of being recognized as constituting a governing principle, they are to be opposed. This popular error prevails to a certain extent in the medical profession. How often, perhaps I should say how common, is it that patients with different diseases are denied food when nature indicates the need of it by the sense of hunger! How common, when food is allowed, for patients to be denied the articles of food which they desire and made to take articles which they dislike! I look upon this disregard of nature's indications in the same light as upon the exclusion of fresh air from the sick-room, against which Sydenham was the first to rebel, and upon those restrictions in the use of water internally and externally which have not even now become obsolete. The dietetic regulations, in cases of disease, need reform to-day fully as much as reform was heretofore needed in regard to air and water. It is evidence that science is astray whenever it opposes, instead of coöperating with, the indications of nature.

There are, however, conditions of disease in which the instincts fail to express the needs of the system by means of appetite and taste, for the reason that the needs are not felt, owing to morbidly blunted perceptions. These conditions exist in the essential fevers, especially typhus and typhoid fever. Under these circumstances, the knowledge and judgment of the practitioner must, as far as practicable, take the place of nature's indications. Science must assume the control, whereas, under other circumstances, it should merely regulate the dietetic treatment under the governing influence of the instincts. The problem, then, is to satisfy the needs of nutrition as fully as possible, irrespective of any guidance by the instincts of the patient. Both reason and experience show how precious, under these circumstances, are the foods in which are combined, by the hand of nature, in due proportion, all the elementary principles—namely, milk and eggs. For these there are no substitutes. Supplementary thereto are the various farinaceous foods, and the animal foods other than those just named.

With regard to meats, a common error, both popular and professional, and one productive of a vast deal of harm, is to consider their nutritive value as fairly repre-

sented by either infusions or decoctions, or by the juices obtained by pressure. The valuation by most persons outside of the medical profession, and by many within it, of beef-tea or its analogues, the various solutions, most of the extracts and the expressed juice of meat, is a delusion and a snare which has led to the loss of many lives by starvation. The quantity of nutritive material in these preparations is insignificant or *nil*, and it is vastly important that they should be reckoned as of little or no value, except as conducive indirectly to nutrition by acting as stimulants for the secretion of the digestive fluids or as vehicles for the introduction of nutritive substances. Furthermore, it is to be considered that water and pressure not only fail to extract the alimentary principles from meat, but the excrementitious principles, or the products of destructive assimilation, are thereby extracted; hence, not very inaptly, beef-tea has been compared to urine, and, a few years ago, a German experimenter, whose name I cannot recall, declared that he produced fatal toxæmia in dogs by feeding them with this popular article of diet.

Meat liquefied and retaining all its alimentary principles is a great desideratum in dietetic therapeutics. The preparation known as Leube's Meat Solution consists of flesh brought by artificial digestion to the condition of peptones. It is an equivalent of the solid flesh, and, therefore, represents all the alimentary principles of meat. A late improvement in the preparation by Rosenthal has made it acceptable to the palate. This method of preparing meat in a liquid form should supersede most of the various preparations which are more or less in vogue. It is desirable that the merits of preparations after the methods of Leube and Rosenthal, not only of beef, but of the various kinds of meat, should be properly appreciated by physicians and patients.

Chewing meat and rejecting by exspuition its nutritive constituents is a practice not less irrational, unscientific, and opposed by common sense, than disgusting. As a rule, if meat is craved and agreeable to the palate, it is allowable; and it is a shame to tantalize nature's cravings with the shadow, withholding the substance.

In leaving the subject of diet, I will express the belief that not a few maladies, more especially those affecting the nervous system, often originate in, and are protracted by, insufficient alimentation. Evidence of the correctness of this belief is afforded by the successful treatment of certain nervous affections in women after the plan inaugurated by Weir Mitchell, in which alimentation is an essential factor. In place of the senseless apothegm, "death in the pot," it might be more pertinently said, life in the pot, inasmuch as this utensil, if regarded as the symbol of aliment, represents health and vigor.

The question whether alcohol is a food has, within late years, given rise to much discussion and investigation. As I suppose, few, if any, now hold to the opinion that the sum total of alcohol ingested is eliminated from the body as alcohol, or deny that it supplies a material for the production of animal heat. It is, therefore, a food. All will admit that it may be made a potential agent for either good or harm. The use of alcohol as a therapeutic agent should have no connection with its use or abuse in health, except as regards proper precautions, lest its use in illness may eventuate in an alcoholic



habit after recovery. A physician may be a zealous advocate of total abstinence in health, but evidently his zeal should not lead him to withhold alcohol from his patients whenever benefit is to be derived from its employment as a therapeutic agent. It were, indeed, a cruel injustice to patients to deny them this benefit because a vast amount of misery and crime is attributable to alcoholic intemperance. The value of alcohol in therapeutics and the indications for it are to be determined precisely as in the instance of any other therapeutic agent. Opium, like alcohol, is capable of abuse in health, but who will say that thereby it is any the less worthy of the eulogium of Sydenham, who called it the *magnum donum Dei*!

In the medical practice of the last century there have been notable oscillations in the use of alcohol as well as of other therapeutic agents. The doctrine of Brown, which, on purely theoretical grounds, led to its free use, was followed by that of Broussais, which stigmatized its use as incendiary on grounds equally theoretical. Its free use came again into vogue about forty years ago. Todd was then its ardent advocate, and he was, perhaps, the first to emphasize its agency as a food. Its use for several years was doubtless too indiscriminate, and carried to an extreme. At the present time there is considerable diversity of opinion and practice as regards its use among medical practitioners, but the tendency of late years has been to use it with more and more reserve. Where lies the truth between the extremes as regards the proper place of this agent in therapeutics? I shall not undertake to answer this question. It covers too much space to be considered on this occasion. I will only remark that the oscillations in the past and the diversity in practice at the present time show conclusively the need of further investigation. Here is one of the many questions in therapeutics which call for the analytical study of carefully recorded clinical experience.

I have endeavored to do something in the way of this study with reference to phthisis and the continued fevers.<sup>1</sup> As a conclusion based on the analysis of a considerable number of recorded cases, I feel warranted in affirming that, in a certain proportion of the cases of phthisis, alcohol antagonizes the progress of that disease, and that in the treatment of the continued fevers (typhus and typhoid) it is a means of saving lives which without it would be lost. Reasoning by analogy, it is a logical conclusion that with similar indications it is an important therapeutic agent in the treatment of essential fevers other than those just mentioned, and also of diseases of which fever is symptomatic.

It is a theoretical error, which I suppose to be common, to regard the action of alcohol within the body as purely that of a stimulant. A cardiac stimulant it undoubtedly is, and this is one of the modes in which it is useful. But the prevention of the waste of tissues by

acting as a substitute for their components in the production of animal heat is another rational *modus operandi*. And another, hitherto not so much considered as it probably will be under the guidance of pathological developments now in active progress, is its antiseptic property.

If alcohol be useful as a material for combustion within the body, it is indicated in the condition of fever prior to the indications for its employment to sustain the failing powers of life. The object, in this point of view, is to forestall these indications and prevent the asthenia giving rise to them.

It is yet to be ascertained in what diseases, and to what extent, alcohol may act as an antiseptic, or a parasiticide, or an antidote. It has been supposed to counteract the noxious effects of certain venoms. A similar claim has been made for it, on the basis of experience, in the treatment of diphtheria. The conjecture is not unreasonable that in other fevers it may have a controlling influence by destroying, either directly or indirectly, the special causative agent, whether this be, or be not, a morbid organism. Here is an object for clinical observations. It is evident that, employed with a view to test fairly its value as an antiseptic, or a parasiticide, or an antidote, in different diseases, it may be important that alcohol be employed early, continuously, and in a quantity as large as may be tolerated. In its employment for these purposes, as also for the support of the vital powers, the greatly increased tolerance of alcohol in different diseases, and in different cases of the same disease, must be taken into account.

The phrase, to "catch cold," so often in the mouths of physicians and patients, is a curious solecism. It implies not only that the term cold denotes something positive, but that this something is a living entity, a sort of demon in etiology, which does not catch, but is caught by, the unfortunate victims. The synonym *Erkältung* pervades German medical literature remarkably. There are few diseases in the nosology in the causation of which "catching cold" does not enter, according to German writers. At the present time a question under discussion in Germany is whether pneumonic fever is attributable to "catching cold," and there appears to be an emancipation of the minds of some of the most distinguished of the physicians of that country from the traditional notion that this disease is the work of the etiological evil spirit represented by the term "cold."

There is an indefinite latitude in the phrase to "catch a cold." The phrase is used to denote an inflammation or a catarrh of the mucous membrane of the air-passages, but its application is extended to various affections in various situations. There is but little ground for its application to the etiology of the so-called nasal, pharyngeal, laryngeal, and bronchial catarrh; but I shall confine my remarks to the supposed danger of "catching cold" as involved in therapeutics.

If most persons outside of the medical profession were to be asked what they considered as chiefly to be avoided in the management of sick people, the answer would probably be "catching cold." I suspect that this question would be answered in the same way by not a few physicians. Hence it is that sick-rooms are poorly ventilated, and patients are oppressed by a superabundance of garments and bedclothes. The air which

<sup>1</sup> Vide the following: Clinical Report on Pulmonary Tuberculosis; giving an Account of Twenty-four Cases of Arrested Tuberculosis, etc., Amer. Journ. of the Med. Sciences, January, 1858.—On the Management of Pulmonary Tuberculosis, with special reference to the Employment of Alcoholic Stimulants, Trans. of the N. Y. Acad. of Med., 1863.—Treatise on Phthisis: its Morbid Anatomy, Etiology, etc., pp. 445, 1875.—Clinical Reports on Continued Fevers, based on an Analysis of 164 Cases, pp. 390. Buffalo, 1852.

patients are made to breathe, having been already breathed and rebreathed, is loaded with pulmonary exhalations. Cutaneous emanations are allowed to remain in contact with the body, as well as to pervade the atmosphere. Free exposure of the body is deemed hazardous, and still more so bathing or sponging, the entire surface of the body being exposed. Patients not confined to bed, especially those affected with pulmonary disease, are overloaded with clothing which becomes saturated with perspiration, and is seldom changed for fear of the dreaded "cold."

These sketches are from life, and the observations of every medical practitioner furnish real illustrations. The supposed morbid agency of cold is a traditional error deeply rooted in the popular mind. It interferes often, in no small degree, with the satisfactory management of cases of disease. It is an obstacle in the way of securing for patients hygienic conditions, the importance of which may be greater than that of drugs. It is obstructive to the adoption, in cases of fever, of the antipyretic treatment, which is, perhaps, the most important of the improvements in modern therapeutics. How reluctant are physicians, on account of traditional ideas, to make trial of either the cold affusion of Currie, the cold bath, the wet sheet, or even sponging of the body, in cases of pneumonic fever, although testimony is ample of the safety and utility of these measures of treatment! Of those who are convinced of the safety and utility of these measures, how many hesitate to resort to them lest, if the termination be fatal, the death might be attributed to a therapeutic innovation so opposed to popular prejudice!

A reform is greatly needed in respect to "catching cold." Let the demon be exorcised first from the medical, and next from the popular mind! Let it be generally known and believed that few diseases are referable to the agency of cold, and that even the affection commonly called "a cold" is generally caused by other agencies; or, perhaps, by a special agent which may prove to be a microbe. Let the axiom, "a fever patient never catches cold," be reiterated until it becomes a household phrase! Let the restorative influence of cool, fresh, pure atmosphere be inculcated! Let it be understood that in therapeutics, as in hygiene, the single word *comfort* embodies the principles which should regulate coverings and clothing. Non-medical therapeutics will have gained much when this reform is accomplished.

My concluding remarks will have reference to mental influences to be exerted on patients.

<sup>a</sup> I have often thought that a consideration of the influences which the physician may exert, either for good or harm, on the minds of his patients, should hold an important place in therapeutics. Our text-books are silent on this subject, and I am not aware that much, if any, attention is given to it in oral teaching. It cannot, however, be doubted that success in the management of cases of disease often depends largely on mental influences conjoined with other measures of treatment.

The mental constitution of some practitioners is unfortunate as regards the exertion of favorable influences on the minds of patients. As we all know, there are members of our profession with no lack of ability or of educational requirements, who are irreproachable in character, whose manners are unobjectionable, and who

are in all respects gentlemen, but who are not successful in medical practice. Something is lacking which it is not always easy to define. There is a loose screw in the mental mechanism, the effect being an inability to inspire patients with confidence, faith, and hope—three potential elements in therapeutics. It is fortunate for the physician and for patients if this lack of constitutional fitness for the practice of medicine is discovered early, and if it lead to the adoption of some pursuit to which there is a better adaptation.

There are certain rules bearing on the influences to be exerted on the minds of patients which should be considered and adopted, although they may not accord with the natural temperament or disposition of the practitioner. Here, as in other instances, we find in the practice of different physicians two extremes which are widely apart. Here, too, is applicable the trite maxim, "*In medio tutissimus ibis.*" Let me endeavor to sketch an illustration of each extreme.

I have in my mind's eye the picture of a practitioner whose mental temperament is in a high degree sanguine and hopeful. It is difficult for him to look in any other direction than the bright side of a case. His attention fastens on all the encouraging points. He instinctively exaggerates these, and undervalues those which are discouraging. All the possibilities as regards a favorable progress and termination he believes will be made available for his patients. He is confident that his cases will prove, if need be, exceptions to general rules.

This is a rough outline of one extreme—an extreme of optimism. Practitioners who exemplify this extreme are liable to errors of prognosis. They lose patients when they had entertained and held out confident expectations of recovery. For this they may incur blame. But there is reason to believe that these expectations not infrequently contribute to recovery, and, as regards an influence on the issue of disease, they assuredly do not do harm to the patient.

A picture illustrative of the opposite extreme represents a practitioner who assumes the responsibility of a case always anticipating the worst that can befall the patient. His solemn manner and melancholy mien inspire nothing but forebodings. His attention is intent on the discovery of bad prognostics. He shakes his head distrustfully at symptoms which appear to be favorable. His words of encouragement, if he venture upon them, are so qualified by his apprehensions as to give rise to fear rather than to hope. This is an outline of a medical pessimist. The errors of prognosis into which practitioners of this stamp fall are the opposite of those of the optimist. Patients recover who have been condemned to die. These errors are less likely to occasion blame than those which involve fallacious expectations of recovery. But, it is to be added, a gloomy or fatal prognosis may contribute to its fulfillment.

It would require some presumption to draw a picture illustrative of a *juste milieu* between these extremes. The little space which remains on this occasion precludes the attempt were I disposed to make it. I will close with a few fundamental precepts pertaining to mental therapeutics, stated dogmatically and aphoristically, for the sake of brevity.

The practical object in mental therapeutics is to promote the favorable progress of diseases by means of influences exerted on the minds of patients.

The influences which may be exerted on the minds of patients are of sufficient importance to constitute a distinct branch of non-medicinal therapeutics.

Abnormal mental conditions, although the intellectual faculties may not be materially impaired, often lead to an exaggeration of symptoms, imaginary ailments, and undue apprehensions, which interfere with the favorable progress of diseases by affecting appetite and digestion, by preventing sleep, by discouraging coöperative efforts for restoration to health, and by a general depressing effect upon the functions of the body. The methods for the removal of these obstacles in the way of the favorable progress of diseases are within the province of mental therapeutics.

Confidence, hopefulness, and courage are conducive to the favorable progress of diseases. To endeavor to secure and maintain these is a duty incident to mental therapeutics.

Observation teaches that the strength of the mental faculties in health, and the extent of attainments in any branches of knowledge, are in no measure reliable criteria for judging of the mental condition of patients affected with disease. This assertion may be applied even to moral qualities and religious convictions. Disease is the great leveller, intellectually and morally, as well as physically. Men and women often become on the sick-bed, in a mental and moral point of view, children, and are to be managed as such. Shakespeare, as always, was true to nature when he compared to a sick girl the imperial Cæsar when suffering from a paroxysm of intermittent fever.

In contrast to the assertion just made, every physician of much experience has met with instances exemplifying the efficacy of determination and a strong will in resisting and overcoming disease. To recognize and endeavor to fulfil nature's indications, as regards the potential influence for good which the mind can exert over the body, is a duty incident to mental therapeutics.

Instances are not infrequent of the efficacy of an intense belief in the curative power of certain measures under circumstances which, to the superficial observer, appear to prove conclusively a special intervention of Providence. The so-called faith cures, and those which follow the laying on of hands, or other procedures in themselves inoperative, except through the mind, are full of significance as regards the potential agency of measures pertaining to mental therapeutics. The history of Perkinism, and the prevalence, now and heretofore, of other medical delusions, are most instructive, and have, perhaps, not been sufficiently considered with respect to the lessons to be drawn therefrom, and their practical applications to legitimate medicine.

The influence of mental activity, under an absorbing sense of duty, on the tolerance of diseases might be illustrated by many examples. Kane endured the hardships of an expedition toward the North Pole with a diseased heart. General Gordon, who at this time holds a prominent place in the thoughts of all Christendom, is a sufferer from angina pectoris. To quote his own words, "I may say that I have died suddenly over a hundred times." The London *Lancet*, referring to the subject, expresses the hope that he (General Gordon) may "long continue to show to the world what can be done by men with grave diseases, but with faith in their

own mission and in God's providence." It is this faith which is a potential factor in the tolerance of disease. The other side of this picture shows that pitiful introspection exemplified in so many of our patients, and which is as potential for harm as the worthy aims which absorb the mental faculties are effective for good.

I do not doubt that many a life has been shortened by injudicious injunctions to rest from labors which, from their nature and long continuance, had become indispensable to health as well as happiness. The sanitary agency of work is too often overlooked. How wretched often is the remainder of life when, either for the delusive expectation of happiness or the equally delusive expectation of improved health and length of days, activity is exchanged for idleness. Insanity and suicide are not infrequent consequences. The introduction into medical nomenclature of the term nervous asthenia, for which I am responsible, and that of the congeneric terms neurasthenia and nervous prostration, subsequently introduced, I am bound to say, have done harm, although they express veritable pathological conditions. These terms have done harm by expressing a condition which is often imaginary, and by leading to the evils resulting from physical and mental inactivity.<sup>1</sup>

The physician who appreciates the importance of mental therapeutics, and of the duties incident thereto, will not fail to hold out to patients the encouraging features of a case. He will not give way to gratuitous forebodings. He will be circumspect in forming, and still more in announcing to his patients, an unfavorable prognosis. He will be slow to hazard a prediction as to the precise date that a disease will prove fatal, and still less will be guilty of the brutality of imitating a judicial sentence of death. He will keep out of the view of his patients discouraging possibilities, but not those which warrant hope. He will strive judiciously and skilfully to bring to bear all the potential mental agencies of which he may properly avail himself. He will throw on the scale of hopefulness all the weight to be derived from those doubts and difficulties which beset diagnosis and prognosis. He will make due allowances for the limitations of medical knowledge and his own deficiencies.

I have alluded to some of the precepts which underlie mental therapeutics. A consideration of the various modes of exerting influences on the minds of patients would embrace manifold details. Many questions arise in regard to the course to be pursued under the varied circumstances incident to disease and to the diversities of human character. Some of these questions involve points in casuistry. The subject in its practical aspect has a wide scope, and I commend it to some one who may aspire to be the author of a work on the non-medicinal treatment of diseases, according a proper relative space to the influences to be exerted on the minds of patients, or, in other words, to mental therapeutics. Such a work is a desideratum in medical literature.

<sup>1</sup> The term "nervous asthenia" was introduced by me in the first edition of my treatise on the Principles and Practice of Medicine, published in 1866. Afterward the term neurasthenia was introduced by the late Dr. Beard. Nervous prostration is a popular term much used at the present time.



## ORIGINAL ARTICLES.

CASE OF HYSTERICAL MONOCULAR BLINDNESS, WITH VIOLENT BLEPHAROSPASM AND MYDRIASIS—ALL RELIEVED BY MENTAL IMPRESSION.<sup>1</sup>

BY GEORGE C. HARLAN, M.D.,

SURGEON TO THE WILLS [OPHTHALMIC] HOSPITAL, PHILADELPHIA.

LIZZIE D., sixteen years of age, first came under observation September 24, 1883, at the Throat Department of the Philadelphia Polyclinic, under the charge of Dr. S. Solis-Cohen, when she applied for relief of distressing symptoms caused by the development of a fungus upon the tonsillar mucous membrane. Having been thus initiated into the charms of medical treatment, she was on the 26th, on account of the development of various nervous symptoms, referred to the Nervous Department, under Dr. Mills, who has furnished me with the following record of her case:

"Was taken sick last September with sore throat, and was confined to the house for about two weeks. She was very weak during this attack. Dr. S. Solis-Cohen attended her, and there was some doubt about the throat difficulty being diphtheria, but this throat trouble was followed by difficulty in swallowing and regurgitation of food through the nose. At the same time there was noticed a gradual weakness of sight in the right eye. After these troubles had somewhat lessened, huskiness of the voice came on, and was soon followed by a complete loss of the voice.

"Five or six weeks ago she had pleuro-pneumonia and during the attack her arms became partially paralyzed. She complains that there is a numbness down her legs and in her feet, and that she does not feel the ground under her when she walks.

"Her arms are now perfectly well, but her feet are in the same numb condition.

"Has a peculiar choreic twitching of the muscles of the face, more marked on right side.

"The patient states that at seven years of age she had fits, and that these fits continued about every four weeks until she was ten years of age. It is stated she frothed at the mouth, has never bitten her tongue, has never fallen or injured herself. Has never had the spell while alone; there was always some one with her when it happened.

"January 18, 1884, six days ago, began to have pain on left side of neck and two days later had complete spasmodic torticollis of left side, her head being bent over to the left shoulder.

"The torticollis was relieved by forcible pressure over the spinal accessory nerve."

She then came again under the care of Dr. Cohen, who reports as follows:

"March 25, I found L. at the Clinic, crying because one of the assistants in the Nervous Department had told her she would never be cured.

"I assured her that recovery was possible, and told

her that if she would come to my office, I would try the effect of a very powerful magnet which I was convinced would succeed in calming the facial spasms.

"She came to the office, and I applied one pole of a Charcot magnet in front of the ear, at or about the emergence of the facial nerve, placing the other pole on any convenient spot. To my amazement, the spasms on the side of the face touched by the magnet were greatly lessened in frequency and extent. The other side was then operated upon in a similar manner. After a week's daily treatment the spasms ceased entirely, and did not return until a short time ago, when she became the subject of an acute conjunctivitis.

"Shortly after the cessation of the spasms, Lizzie came to me complaining of various aberrations of vision, and a fixed dilatation of the pupil. I asked Dr. Hansell, under whose care I had placed her when the first paralysis of accommodation had occurred, to allow me to try the effect of the magnet upon the eye."

When the patient was transferred to the Eye Department, October 25, 1883, the Chief of Clinic, Dr. Hansell, noted no other defect than a moderate degree of H.As., headache after use of eyes, and failure of accommodation. O.D. with +1.25 c ax.  $90^{\circ} \frac{20}{XX}$

O.S. with 50 c ax.  $90^{\circ} \frac{20}{XXVI}$ . Pupils responsive

and ophthalmoscopic appearances perfectly normal.

There was no material change until November 7, when homonymous diplopia of  $2^{\circ}$  appeared.

December 22.—Had been ill in bed for two or three weeks and discovered, on getting up, that the reading power of the right eye was lost. She could read with the right eye only No. 18 Snellen, and not nearer than 14 inches. The pupil was slightly dilated and reacted imperfectly to light. Field of vision normal. The left eye was normal, with full vision and  $ac=4"$ . There was distressing blepharospasm on the right side, and slight twitching on the left.

January 14.—Accommodation was entirely suspended in the right eye, vision = only  $\frac{15}{CC}$ , pupil dilated and concentric limitation of field. Blepharospasm increased. Left eye still normal.

On March 17 a central scotoma in the right eye was noted.

After this her symptoms continued, with more or less variation, until the right eye became entirely blind, except to light, the pupil was widely dilated and fixed, and the muscular spasms became more violent and extended to the face and neck.

On entering the room at the dispensary one day early in May, I was surprised to find L. sitting there with the muscles of her face completely calm, and still more surprised to be told that Dr. Cohen had brought about this result by the use of a magnet. Also that the pupil was contracted after the application and vision sometimes temporarily and partially restored. This at once aroused strong suspicion of simulation, though the prism test had been carefully applied with negative result. I had her

<sup>1</sup> Read before the American Ophthalmological Society.

sent to my office for further examination, and on May 7, applied the simple test described at the meeting of this Society in 1882. This, it may be remembered, consists in placing a pair of convex glasses before the eyes; a weak one in front of the blind eye, and one too strong to read through in front of the sound eye. She insisted positively that the right eye could see only diffused light, and could not discern the largest and most familiar objects. The pupil of that eye was widely dilated and rigid. With a +3 D. glass before the right eye and a +18 D. before the left, she read No. 4 Snellen without hesitation at about 11 inches, of course with the right eye. For fear of exciting her suspicion, no attempt to test the accommodation was made at that time.

On May 22, the examination was repeated. She again insisted that with the right eye she could distinguish only light, which she said was of a dazzling character. Pupil widely dilated and fixed. With +3 D. before the right eye and +18 D. before the left she read No. 2½ Snellen. On attempting to test her accommodation, she denied being able to read when the print was brought nearer than 14 inches, which is about what would be expected from the state of her refraction, supposing the accommodation to be entirely suppressed.

May 24.—I was present when the Charcot magnet was applied by Dr. J. Solis-Cohen. A slight blepharospasm, which existed before the application, was relieved, but there was no effect upon the pupil or upon the vision. The next day, however, the pupil, though not normal, was decidedly smaller than before, and, with the correction of her astigmatism, she admitted a vision of  $\frac{20}{\text{LXXX}}$ . With right eye +3 D., and left +18 D., she again read 2½ S.; but not closer than 13 inches.

28th.—The magnet was again applied by Dr. Cohen at 4.30 in the afternoon, and the patient was sent directly to my office. No effect on the pupil was noticeable at first, but an hour afterwards it was slightly, though decidedly, less dilated. The next day, however, it was very much less dilated, though still larger than the left, and responded to light. With the astigmatism corrected (+1.25 ax 90°) she admitted a vision of  $\frac{20}{\text{XL}}$ . The left eye, without glass

vision =  $\frac{20}{\text{XXX}}$ . With +3 D. and +18 D. as before, she read 2½ S., but not nearer than 12 inches.

June 19.—Had a severe attack of conjunctivitis in the left eye, and stated that she could not then read ordinary print with that eye and could see only diffused light with the right. Left pupil normal, right widely dilated and rigid. With O.D. +3 D. and O.S. +18 D. read No. 14 S. with difficulty, but best at about 14 inches.

I now determined to try the effect of unmagnetized iron having the same form and appearance as the magnet, but at the suggestion of Dr. Cohen, had the false magnet made of wood with iron tips to give the metallic impression upon the skin.

Messrs. Queen & Co. made for me a very perfect imitation, and it was placed in the same drawer in

Dr. Cohen's office where the original was always kept.

July 1st at noon, the left pupil was of normal size and freely responsive. The right pupil was widely dilated, almost ad maximum, and perfectly rigid when exposed to bright light. There was slight blepharospasm and some twitching of the muscles of the face on the right side. The patient was sent to Dr. Cohen at four o'clock in the afternoon, and he noted the same condition as at noon.

He applied the imitation magnet and sent the patient directly to my office. When she left him, the face was calm, but the pupil still dilated. I examined her at once and found the muscles of the face quite normal, and the right pupil of the same size as the other and freely responsive to light. The only difference between the action of the Charcot magnet and of the Cohen-Harlan magnet was that the latter was more prompt and complete in its effects, probably on account of a little more parade in its application.

Some additional notes by Dr. Cohen show that the uses of the wooden magnet are not confined to ophthalmology, but that it has a place in general surgery.

"During June, L. fell and said she dislocated her elbow-joint. She was treated for dislocation by a practitioner called in the emergency.

"July 1st, this gentleman having discharged her with a stiff arm flexed at the elbow, which he said he was unable to straighten, I examined it, found no dislocation and straightened it by simple extension. A hypersensitive point was discovered by pressure in the ulnar notch.

"I asked her to report at the Surgical Department of the Polyclinic for examination of her arm, in order to secure a verification of my opinion that there was not and had never been a dislocation. July 3d, she called on Dr. Steinbach with her forearm again rigidly flexed upon the arm. Dr. Steinbach, unaware of her history, yet recognized the nature of her trouble, and finding himself unable to overcome the spasm of the biceps and which he describes as extreme, the tendons standing out like whip-cords, proposed to give her ether. She declined to take the anæsthetic and came to my brother's (Dr. J. Solis-Cohen) office during my absence. He applied the wooden magnet to the biceps, and the spasm relaxed at once."

## HYDROCHLORATE OF COCAINE IN LARYNGEAL PHTHISIS.

BY GEORGE M. LEFFERTS, A.M., M.D.,

PROFESSOR OF LARYNGOSCOPY AND DISEASES OF THE THROAT IN THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

ALL who have had any experience in battling with that most dread symptom of advanced laryngeal phthisis—the terrible dysphagia—will welcome any means which promises to overcome it, and give even temporary relief to the patient. Such a means I believe we have in the much-lauded cocaine, and I desire to place the results of my experience upon record, both for the sake of the sufferers and in order

that the profession may be made aware of the possibilities which are at their command.

It is unnecessary in this short notice to detail my trials of the remedy. In a large series of cases the results have always been the same. One case, as an illustration, will answer my purpose. In a patient, the victim of advanced pulmonary and laryngeal phthisis, demonstrated to my class at the College of Physicians and Surgeons on Tuesday last, one in whom the act of deglutition had been an absolute impossibility for one week on account of the acute pain that it caused, together with the immediate reflex spasm and rejection of the smallest amount of fluid nourishment on any attempt at swallowing, so that the patient was slowly perishing, in reality, more from hunger and thirst than from his disease, one application of the cocaine so anæsthetized the acute sensibility that a full glass of milk was immediately drank before the class with ease and entire comfort. Each subsequent application in his case, as well as in many others equally well marked, has produced the same result, and, I may add, has notably relieved the element of dyspnoea, dependent upon the engorgement and swelling of the tissues, with consequent laryngeal stenosis, probably by producing temporary tetanic muscular contraction, in the fibres in contact with or surrounding the dilated bloodvessels.

One such example alone, however, is calculated to excite our warmest enthusiasm for a remedy which is capable of alleviating such a grade of human misery.

The application of the cocaine (a four per cent. solution) was preceded in each case by a thorough cleansing of the mucous surfaces and all ulcerated points of the larynx from thick, tenacious mucopurulent discharges by the spray-application of an alkaline solution (Dobell); the parts were then immediately bathed gently, yet thoroughly, by means of a large laryngeal brush fully charged with the cocaine solution. One such application answers the desired purpose.

November 20, 1884.

#### A CASE OF PROCIDENTIA UTERI TREATED BY SHORTENING THE ROUND LIGAMENTS, COMBINED WITH KOLPOPERINEORRHAPHY.<sup>1</sup>

BY RANDOLPH WINSLOW, M.A., M.D.,

DEMONSTRATOR OF ANATOMY IN THE UNIVERSITY OF MARYLAND, PROFESSOR OF SURGERY IN THE WOMAN'S MEDICAL COLLEGE OF BALTIMORE.

UPON assuming control of the surgical service at Bay View Asylum, in the department of the University of Maryland, my attention was called to a simple-minded woman, who was the subject of prolapse of the uterus; the nurse volunteering the statement that no means had been found of retaining the organ within the vagina. Pessaries were of no avail, as she invariably removed them in a short time.

The patient is married, and is the mother of one child. She is about forty years of age, and still

menstruates. She is quite active, and is fond of helping in the work of the institution, and has done considerable heavy carrying. Her present trouble has been in existence about six months, and is attended by the usual symptoms of disability, with dragging sensations. Some time subsequently, Dr. Jones, the resident physician, discovered that a severe prolapse of the rectum had occurred, with such strangulation of the bowel that he feared gangrene was about to set in. The patient having been brought into the operating room and placed upon the table, a procidentia of all the coats of the rectum was found, the prolapsed mass being nearly as large as the procident uterus, and much resembling it. Under an anæsthetic, the protrusion was reduced without difficulty, and the patient placed in bed, the rectum being tamponed daily with cotton saturated with glycerine and tannic acid. This cured the prolapse of the rectum; at least it did not return during the next two months, at the expiration of which time my service ceased.

Dr. Jones having tried various methods of retaining the uterus without success, it was determined to attempt a radical cure by an operation. Whilst debating upon the best method of accomplishing this, a short notice of a paper upon shortening the round ligaments attracted my attention. Without being conversant with the details of the operation as performed by the originator of the method, I decided to attempt the shortening of the ligaments in this case. On September 11, 1884, she was placed under chloroform. At this time the os protruded from the vulva, and was everted, eroded, and very red; the uterine cavity was  $4\frac{1}{2}$  inches in length, and the vaginal walls as dry and hard as skin.

The protruded parts were returned, leaving the vaginal orifice widely dilated. The perineum was also partially lacerated. The vulva, pubes, and lower portion of the abdomen were irrigated with bichloride solution, 1 to 1000, and the pubic hair cut off. An incision, two inches in length, was made over the external abdominal ring on each side, the openings exposed, and the extremity of the ligaments seized with forceps and drawn upon with considerable force, until the fibrous cord was shortened on one side about an inch, on the other somewhat more. It was rather difficult to recognize that portion of the ligament which passed from the external ring to the vulva, as it was very small, was reddish in color, and had lost all of the white fibrous appearance which is characteristic of it elsewhere, and but for an accurate anatomical knowledge of the region, it might not have been found. After it has been pulled out somewhat, its whiteness and fibrous appearance render a mistake impossible. The ligaments having been drawn out as far as was felt to be safe,—that is, until strong resistance was experienced,—they were stitched into the rings; on one side the ligament was twisted up so as to form a ball, and this was united to the margins of the ring by several points of suture; on the other side the ligament was not rolled up, but was stitched into the ring with about six sutures, the rings on both sides being narrowed at the same time. Sublimated silk was employed for the sutures, and the ends were cut close to the knots. The incisions

<sup>1</sup> Read before the Clinical Society of Maryland, October 17, 1884.



were closed by sutures, and dressed with iodoform and absorbent cotton, union being rapidly obtained. The after-treatment consisted in plugging the vagina daily with cotton saturated with glycerole of tannin. The temperature scarcely rose above the health rate, and no symptoms of peritonitis appeared.

Although the uterus seemed to be permanently fixed in its new position, it was not deemed proper to trust to the tension of the ligaments, whilst the orifice of the vagina was dilated and the perineum torn, hence it was decided to narrow the vagina by excising a triangular strip from its posterior wall, and to restore the perineum to its full height. This was done on September 18, one week after the previous operation, the abdominal incisions being nearly healed, the uterus high up within the vagina, and the redness and erosion of the os and cervix much improved. After disinfection of the vulva and vagina with sublimate solution, 1 to 1000, a wedge-shaped piece, with its apex far up the canal, and its base at the perineum, was marked off with a scalpel and dissected up with scissors, being about  $1\frac{1}{2}$  inches in width at its base. The labia and commissure were also freely denuded, almost up to the meatus urinaris. When oozing had ceased, the vaginal strip was united with numerous points of suture, and very deep sutures of strong sublimated silk were used for closing the perineum. After irrigating the vagina and painting the line of perineal incision with iodoform collodion, the patient was put to bed. No reaction followed the operation, and in spite of the fact that the patient was unruly, and upon several occasions got out of bed, the union was so close that it was scarcely possible to tell the slight scar from the normal raphe. During the time in which the patient remained in bed, warm vaginal injections were used daily, for the purpose of cleanliness and in order to reduce the congestion of the uterus. The perineal sutures were removed in a week, but those in the vagina were allowed to remain, and have never been removed. She was kept in bed until October 6th, after which time she resumed her accustomed mode of life.

For the past year, I have employed aseptic silk (carbolized or sublimated) almost exclusively for sutures, where previously I had used silver wire, and I cannot recommend it too highly in perineal operations; not only is it much easier to introduce and to secure than wire, but the increased comfort to the patient is best appreciated by those who have been subjected to the use of both articles. I think a decided advantage may also be gained by painting the line of incision with iodoform collodion, especially when the operation is upon the lip, face, or near the outlets of the body where it is impossible to employ a proper antiseptic dressing.

I am free to acknowledge an oversight made during the operation for shortening the round ligaments, and one which may materially influence the result of the procedure, namely, the neglect to empty the bladder previous to shortening the cords. Subsequent catheterization showed the bladder to have contained more urine than was expected, and it is probable that a further shortening of the ligaments was interfered with.

By a reference to the original article of Dr. Alexander, the inventor of this operation, published in the *Medical Times and Gazette*, April 1, 1882, I learn that he considers the normal uterus to be prevented from being displaced by the resiliency of the surrounding tissues more than by the direct support of its ligaments; hence he infers that anything which will fix the uterus in its normal position will prevent prolapse by allowing the abdominal and pelvic organs and tissues to act efficiently in affording this elastic buttress. The object of the operation, therefore, is not so much to suspend the uterus by the shortened round ligaments as to fix it as nearly as possible in its normal position, and allow the intestines to hold it there by their pressure. He shortens, or "pulls out the slack" of the ligaments about two inches on each side.

I am aware that it is too soon to claim a permanent cure in the above case, but I thought the subject of sufficient interest to bring to the notice of this Society.

## MEDICAL PROGRESS.

COCAINE AS AN ANÆSTHETIC IN OPHTHALMIC PRACTICE.—DR. KARL KOLLER read a paper on this subject before the K. K. Gesellschaft der Aerzte, in Wien, on October 11th. He had already read a paper on, and made some experiments with, cocaine, at the meeting of the German Ophthalmological Society in Heidelberg, in September. It is known that the application of cocaine to the mucous membrane of the tongue causes anæsthesia of that organ, and Koller has now shown, by a series of experiments on animals, that the cornea and conjunctiva are also anæsthetized. The experiments with it in the human eye gave the following results:

1. Within from one to two minutes after the instillation of a few drops of a two per cent. solution of cocaine, the cornea and conjunctiva became anæsthetized. There was complete anæsthesia, lasting from seven to ten minutes, after which the normal sensibility was regained.
2. Within fifteen to twenty minutes after the instillation mydriasis set in, never maximal, which reached its limit in an hour, began to disappear in about two hours, and in a few hours entirely disappeared. During the mydriasis the pupil always reacts promptly to light, and with it comes and goes an inconsiderable paresis of accommodation.
3. The palpebral conjunctiva becomes anæmic.
4. When the instillation was repeated every five minutes for from one-half to one hour the action of the drug on the deeper parts of the eye was seen; painful sensations from strong pressure on the ball were sensibly diminished.

5. Cocaine never causes phenomena of irritation.

Therapeutic experiments with cocaine were made in Prof. Von Reuss's Clinic, and it was seen: *a.* That it may be used as a narcotic in painful and photophobic affections of the cornea and conjunctiva, the action being limited to a few hours. It is also of service in cases in which it is necessary to touch the conjunctiva with nitrate of silver. Koller recommends its use in iritis.

b. That it may be used as an anæsthetic in operations on the eyes. In this capacity it was used with good results in operations for the removal of foreign bodies from the eye, in tattooing the cornea, and in operations for pterygium. Koller also recommended that it be tried in cases in which it is necessary to cauterize ulcers of the cornea with the hot iron, in puncture of the cornea and dissection of cataract, in operations for staphyloma, and in iridectomies and linear extraction of cataracts; for these purposes a five per cent. solution should be used every five minutes for half an hour before the operation.—*Wiener med. Presse*, October 26, 1884.

**REMOVAL OF UTERUS; DOUBLE OVARIOTOMY.**—DR. W. H. GOODE, of Sydney, Australia, reports the case of a woman, æt. 60 years, who was suffering from an ovarian tumor. She stated that menstruation had been irregular for several years, coming on once a fortnight very profusely, and that it ceased altogether six years ago, when she began to feel a small swelling in the right iliac region, which did not increase much in size for five years; it had rapidly enlarged during the past year.

She was placed under the influence of methylene bichloride, and an incision, under five inches in length, was made in the abdominal wall. A large unilocular cyst of the right ovary was found closely attached to the uterus, there being otherwise no adhesions. The cyst contained thirteen pints of thin greenish fluid, of specific gravity 1038. The left ovary was also found to be diseased, being about the size of a large walnut. When the uterus was seen to be so closely connected with the larger cyst, and considering the age of the woman, Dr. Goode determined to remove the uterus with the ovaries, as, by so doing, the peritoneum would be less disturbed, and the chances of the woman's recovery possibly increased. He accordingly passed, with an aneurism-needle, a double ligature of strong cable-laid carbolized silk, one-half of which was tied round the lower part of the cervix uteri, and the other half included the remaining attachments. The cervix was then cut through, the other ovary removed, and the pedicle returned. A glass drainage-tube was inserted, and the wound closed. The evening following the operation there was some slight vomiting, the pulse was 88, and the temperature rose to 101.4°, which was the highest reading of the thermometer during the progress of the case.

On the thirteenth day after the operation, the opening where the drainage-tube had been was closed, and the wound completely healed. She was allowed to get up and lie on a couch. She continued to sleep and eat well, and steadily improved in health until she left the hospital, feeling perfectly well.

The chief point of interest about the case is the fact that the pedicle, which consisted of the lower third of the cervix uteri, was secured with a simple silk ligature, and returned into the abdominal cavity with the mucous membrane of the cervical canal entire.—*British Med. Journ.*, Nov. 1, 1884.

**EXCISION OF THE CÆCUM.**—MR. WALTER WHITEHEAD recently excised, at the Manchester Royal Infirmary, the cæcum and the ascending colon of a man

suffering from a carcinomatous growth encircling a large extent of the bowel. After the excision, the ileum was attached to the skin below, and the commencement of the transverse colon to the skin above, in the primary incision made through the abdominal wall just outside the rectus. The superior mesenteric vein was wounded during the removal of an infiltrated mesenteric gland, and had to be ligatured. The operation, which was conducted on Listerian principles, occupied nearly two hours, and was found to be more tedious than difficult. We learn that, four days after the operation, the patient was free from a single untoward symptom, and promises to make a complete recovery, the temperature never once having exceeded normal limits.—*British Med. Journal*, Nov. 8, 1884.

**RAPID DILATATION OF FEMALE URETHRA IN CYSTITIS.**—PROF. A. R. DAVIDSON, of Buffalo, reports the case of a woman, æt. 60 years, whose urine was found to be highly ammoniacal, and to contain much blood and pus intermingled with numerous crystals of triple phosphates. The microscope showed, also, soft flocculent masses made up of spindle-shaped cells with very distinct nuclei. Every day the patient passed, per urethra, considerable masses of triple phosphates, very rough and having many branched projections. The quantity of pus, blood, and debris from the bladder made it impossible to distinguish kidney epithelium or casts with certainty. The considerable albumen present might be accounted for by the quantity of pus and blood. At the first examination, the extreme sensitiveness of the bladder made a careful sounding impossible, but it was easy to find many small calculi, such as she was daily voiding. A decided thickening and rigidity of the base of the bladder could be felt by vaginal examination.

Having placed her under the influence of ether, the sound and vaginal examination of the walls of the bladder quickly demonstrated the absence of any large stone. He therefore proceeded to dilate the urethra, using the little finger first, and following it with the index finger. The base of the bladder was then found to be coated with a phosphatic concretion deposited upon small, reddish, flesh-like masses, which were easily scraped off with the finger-nail. The bleeding was not great, as the growth seemed to be confined to the mucous membrane; he has little doubt that it was an innocent villous growth. As Ultzman points out, these do not give rise to a thickening of the coats of the bladder; that is, there is no infiltration of the tissues. Villous cancers, on the other hand, give rise to tumors of the bladder or to thickening, which may be felt through the rectum or the abdominal walls. The patient made a rapid recovery. She complained of some soreness during micturition, and blood and pus were present in the urine for a few days, but the severe pain and frequency of micturition were absent from the moment of the operation. Subsequent treatment consisted of milk diet, regulation of the bowels, iron internally, and, for a week, daily washing out of the bladder. At that time all blood and pus had ceased; the urine was clear and normal in its reaction, and, up to the present time (six weeks after the operation), she is free from all untoward symptoms.—*Buffalo Med. and Surg. Journ.*, October, 1884.

# THE MEDICAL NEWS.

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SATURDAY, NOVEMBER 29, 1884.

## KOCH'S LATEST RESEARCHES ON CHOLERA.

KOCH has two great qualities as an investigator—unequalled *technique*, and powers of patient observation. His experience has been vast, and each piece of work which he has done has been remarkable in leaving but little to correct, either by himself or by subsequent observers. No writer on mycology is more reliable; not one has proved himself worthier of professional confidence.

Doubts have arisen in the minds of many, concerning the cholera bacillus, on account of the observations of Lewis, and of Finkler and Prior; and upon these we are glad to have Koch's criticisms, which have just appeared in the *Deutsche medicinische Wochenschrift*.

Lewis (*Lancet*, September 20, 1884) states that a bacillus resembling that of cholera can be found in the mouth, but Koch shows, in a very few words, that this form has been known for some years, that it differs from the comma form of cholera in being longer, more slender, and not so blunt at the ends; and it further differs in this all-important particular, that it will not develop in the weak alkaline pepton-gelatine, in which alone the cholera bacillus can be cultivated.

His criticisms on the work of Finkler and Prior, on cholera nostras, show how necessary it is for men to have a proper preliminary training before undertaking such investigations. From their own statements he easily proves that they could not possibly have obtained pure cultivations. They appear, also, to have been so far astray as to mistake the part of the bacillus which all observers regard as the spores.

After considerable difficulty Koch obtained some of their culture material, and found in it four different microbes, of which one resembled slightly the comma-bacillus, but is larger and plumper, and in its mode of growth quite different, growing much more rapidly in gelatine or on potato, and showing unmistakable differences in the form assumed in the cultures. It is a totally distinct microorganism, and very probably has no special connection with cholera nostras. The culture which Finkler and Prior made was from stools which were not quite fresh, but they had preparations from fresh stools which were believed to show the comma-bacillus, but those which Koch examined contained only the ordinary intestinal forms.

Three cases of undoubted cholera nostras have since been examined by Koch, and neither in the stools nor in the intestines could comma bacilli be found, nor did they develop in cultivations.

He remarks, in conclusion, that the experiments of Rietsch and Nicati, on the production of cholera in animals, have been successfully repeated in the Berlin Hygienic Laboratory. The material of a pure cultivation was so far diluted that the quantity injected did not contain more than the hundredth part of a drop. When placed in the duodenum the animals died in from one and a half to three days. The mucosa of the small intestine was reddened, the contents watery, and the comma-bacilli were found in extraordinary numbers. The condition was similar to that of the intestines of a recent human case. The exceedingly small amount injected precludes the possibility of an intoxication produced by the action of any poisonous product.

These latest observations of Koch afford additional strong confirmatory evidence of the correctness of his views concerning the etiology of cholera and its connection with the comma-bacillus.

## COW'S MILK AS A VEHICLE OF DISEASE.

THE possibility of the transmission of infectious and epidemic diseases through the agency of cow's milk has become a well-recognized fact. Since Dr. Ballard published his report of an epidemic of typhoid fever at Islington, in 1870, attention has been directed to this source of dissemination of disease, and the result has been a record of at least one hundred epidemics alleged, upon reliable grounds, to have been traceable to milk which had in some way or another become specifically contaminated.

It seems to be an established fact that scarlet fever has been communicated in this manner, and there is reason for supposing that diphtheria has also been thus disseminated, although the evidence on this latter point is not so thoroughly conclusive. Other infectious diseases are believed to have been occa-



sionally propagated through milk, but more proof is needed to reduce the opinion to one of scientific accuracy. However, as we are in possession of certain well-known facts in regard to this mode of disseminating typhoid fever and scarlet fever, and knowing what we do of the nature of infectious diseases, and with our knowledge of the property in milk of readily absorbing volatile matters in the atmosphere, and of the circumstances attending the collection, treatment, and handling of milk before it reaches the consumer, it is not hazardous to venture the opinion that all infections may be transmitted by milk, and that this possible source of danger to health should be guarded against accordingly.

It is known that milk containing a fungus—the *Oidium Lactis*, or *Penicillium*—may give rise to irritation of the stomach; or even gastritis. Milk from an inflamed udder will cause inflammation of the mucous membrane of the mouth and aphthæ on the lips and gums. The so-called milk sickness, at one time prevalent in the Western States, is supposed to have been caused by the milk of cows which fed on the *Rhus Toxicodendron*.

Very positive evidence has been adduced to show that the milk of cows affected with the foot and mouth disease will give rise to a somewhat similar affection in the human subject. It is not so clear how milk becomes the means of conveying the poison of enteric fever, scarlet fever, and possibly some other infectious diseases. In the case of typhoid fever communicated in this way, the majority of epidemics have been regarded as due to specifically contaminated water which had been added to the milk. In other instances of typhoid fever, and in the case of scarlet fever, and perhaps diphtheria, a common explanation is that the infectious material has been absorbed by the milk. It has also been suggested that the milk thus infected may act, while warm, as a cultivation-fluid for the zymotic germs. Other explanations have been proposed, but they do not materially modify the general precautions which, in the present state of our knowledge, are deemed most efficacious in preventing this mode of transmission of disease.

Dr. Thursfield, an English medical officer of health, who has investigated the subject of milk epidemics very carefully, proposes certain precautions which he considers effectual in preventing these outbreaks of disease. The responsibility is divided between the consumer and the sanitary authorities. He urges upon the consumer the precaution of boiling all milk. There is a prejudice against this practice, but it ought to give way if it be true that "to boil milk may, for practical purposes, be said to confer immunity from infection conveyed by it."

The milk-shop of the retailer and the dairy of the wholesale purveyor should be placed under the strict

control of the sanitary authorities, which should be clothed with power to make proper regulations and to enforce them by the aid of efficient inspection. The organization of such a service would at first be arduous, but so soon as its requirements are made known and intelligently comprehended, a willing co-operation might be expected in most cases. There is a prevailing ignorance of the facts above stated, which is damaging to the best interests of the public health and ought to be removed. In no way can this be better accomplished than by the organization of an authoritative service regulating the purveying and sale of this important article of food.

#### AN UNCOMMON FORM OF VAGINISMUS.

THE word *cunus*, signifying the female pudendum, was said to have been used by "the more lascivious poets," and was condemned by Cicero, in one of his orations, as an obscene word. Though Horace does not deserve to be placed in this class, yet he made use of the word: *Fuit ante Helenum cunus teterrima belli causa*. Nevertheless, it has a classic derivation, probably coming from *κυνειν*—to be pregnant—and for many years had a place in anatomy; indeed, up to the present some writers speak of the constrictor *cunni* muscle, but most now designate the muscular structure which contracts the vaginal entrance as the *bulbo-cavernosi* muscles; these are the vaginal sphincter.

The late Dr. SIMS, in a paper communicated to the London Obstetrical Society by Dr. Tyler Smith in 1861, stated that, by the term *vaginismus*, he proposed to designate "an involuntary, spasmodic closure of the mouth of the vagina, attended by such excessive supersensitiveness as to form a complete barrier to coition." Dr. Sims did not describe a new disease—indeed, he disclaimed any such attempt. Dr. Louis Debrand, who has recently published an important monograph, *Des Rétrécissements du Conduit Vulvo-Vaginal*, states that Huguier, in 1834, was the first to describe spasmodic contraction of the vaginal sphincter. Nevertheless, though Dr. Sims only recalled attention to a disorder which others had observed, he gave it a name so suitable that it at once received general acceptance, and is sure to keep its place in medical nomenclature.

But while the name was received with such favor, its definition as given by Dr. Sims was soon found to be too narrow. For example, in a case of *vaginismus* recently under our observation (the subject had been married several months, and coition had been impossible) there was very great suffering, especially marked at the monthly periods, in the anal sphincter, violent cramp of this muscle, accompanied with painful and difficult defecation, although there was no local disease to be discovered here, and the

affection was cured by the treatment of the vaginismus, using this word as previously defined.

HILDEBRANDT, who has written, in Biliroth's *Handbuch der Frauenkrankheiten*, probably the best article upon vaginismus to be found, remarks: "Most frequently the constrictor cunni is the seat of this cramp. From the anatomical position of this muscle the necessarily following results are the impossibility of coitus, the application of a speculum, even the introduction of the exploring finger." He then adds that, in the further progress of the disease, there occurs cramp of the anal sphincter, in which the patient has a sensation of swelling, rigid enlargement, tension, spasmodic jerking, and difficult and painful defecation. He describes this spasm as extending to other muscles, or to groups of muscles, forming the pelvic floor; in rare cases all the muscles are affected. He states that cramp of the levator ani may cause contraction of the upper part of the vagina, so that a speculum, or a swollen glans penis, as in coition, may be forcibly retained.

The form of vaginismus last mentioned has recently been considered again by HENRICHSEN in the *Archiv für Gynäkologie*. The author refers to the observations of Scanzoni, and those of Hildebrandt, in which the penis was retained captive by woman's genital organs, after coitus, by a phenomenon analogous to that observed in certain animals, especially the dog. He states that, while Scanzoni thought this phenomenon due to the constrictor of the vagina, Hildebrandt attributes it to the levator ani, for the constrictor of the vagina would oppose the intromission of the penis, and it is not at all probable that spasm of the latter muscle could retain the member already introduced, especially a part of it which is smaller than the glans.

Debrand, *op. cit.*, quotes from Révillout a case in which the contraction was about two inches from the vaginal entrance, and a little below the neck of the uterus and the vaginal cul-de-sacs; there seemed to be two muscular bands at this point, one on each side, which contracting, narrowed the canal; the contraction was voluntary.

It is somewhat remarkable that in the recent study of vaginismus affecting the canal in its middle or upper portion, spasmodic elytrostenia, as it is called by Debrand, no reference is made to the facts that it was observed many years ago, and that the very comparison as to the captive human penis now made was then used. Schurigius, in 1729, wrote *De cohesione in coitu*, and referred to it as analogous to the retention of the penis noticed in animals; he quotes Lanius as stating it to be a spasmodic affection of the female genitals. Riolanus describes it as a grasping of the penis by the mouth of the womb open after menstruation, "and retaining it, as is done in dogs." Diemerbroec, in 1687, also mentioned the disease.

It is well for us to be grateful for all additions to medical knowledge, but it is also well for us not to neglect the observations of past ages, and to remember that rediscoveries are probably more frequent than discoveries.

#### DR. FLINT'S ADDRESS.

DR. FLINT'S able address before the New York State Medical Association is a most timely contribution to questions in which both the profession and the laity have always had a deep interest. Of special importance just now are his remarks on medical therapeutics, when a tendency can be observed toward an extreme reaction from the Nihilistic doctrines. The admirable precepts of Bigelow, Forbes, and Holmes are not so potent with the rising generation of physicians; and under the seductive influence of the samples, pamphlets, and special journals of our great drug houses, there is danger of a return to the unnecessary and indiscriminate use of medicine which characterized the practice of thirty or forty years ago.

On several occasions, Dr. Flint has used his prominent position and authority to urge that "a knowledge of the natural history of diseases is the true point of departure for therapeutics," and here again he pleads for a recognition of the self-limitation of many diseases, of their intrinsic tendency to recovery, and of the position of the physician "as nature's servant, not her master." The difficulty is chiefly, as he says, with the public, who expect to be drugged, and are dissatisfied if a consultation does not result in additional medicine, or, at any rate, a change. But desired reformation will not come until greater unanimity prevails in the profession, and until the laws of natural—as opposed to applied—therapeutics are more fully understood. Gubler's aphorism, "*L'organisme se guérit lui-même*," might serve as a text for many valuable lectures.

Dr. Flint draws a very truthful picture of the pharmacomaniacal practitioner, who still is active among us, not in the old form of thirty years ago, with bulky powders and sixteen ounce mixtures, but with pleasing pellets, sweetly coated pills, bland wafers, delicious fluid extracts, and soothing tablets.

The remarks on the principles of dietetic therapeutics deal with two important problems—judicious feeding in fever and chronic ailments, and the advisability of allowing the promptings of nature to be more fully followed than is at present the case. Not every one will agree with the author when he says that it is better to overfeed than underfeed, for the dangers of the former plan are often obvious in disturbance of an already enfeebled digestion; and many will think, while acknowledging the need of reform in dietetic regulations, that he scarcely gives sufficient warning of the errors which may arise in

allowing patients to follow blindly the indications of nature.

The vigorous exposure of popular and professional prejudice in the matter of catching cold should bring better ventilation to many sick-rooms, and greater personal comfort to many sufferers; and unless some other kind of adjuration is needed, the demon Dr. Flint refers to will certainly be exorcised from the minds of the readers of this address, and through them, it is to be hoped, from an ever-widening circle of the public.

The concluding paragraphs on mental therapeutics should stimulate the study of this most important branch of the healing art, at present very largely, and profitably, in the hands of extra-professional practitioners.

#### OLD RAGS vs. CHOLERA.

THE recent order of the Secretary of the Treasury prohibiting the unloading of old rags shipped from foreign countries known to be infected with contagious or epidemic diseases, has given rise to no little controversy between sanitarians and dealers in old rags. To the average mind the question of importing the cast-off rags of any country at any time, appears preposterous, but when it comes to permitting their entry at a time when this country is free from pestilence, and especially old rags collected in regions known to be infected with cholera, language fails to express the astonishment which such a proposition carries with it. What makes it even more surprising is found in the argument advanced by the old-rag dealers that the wearing apparel, luggage, etc., of immigrants is the source of danger, and not the old rags cast off from those who were sick or died of the disease. In other words, that the healthy immigrant is more to be feared as a carrier of infection than old rags collected and baled in the very centre of a cholera-stricken country.

While it is well enough to quarantine and carefully inspect all persons and their baggage coming from an infected port, it is equally necessary to quarantine and keep out of the country all old rags coming from such ports.

The order of the Secretary makes an exception in favor of rag dealers which should well satisfy them, but which sanitarians may hardly think prudent. It is: "No old rags shall be landed at any port in the United States except on a certificate of the United States consular officer at the port of departure, that such rags were not gathered or baled at, or shipped from, any infected place, or region contiguous thereto." The question might be raised, How is the consul to know absolutely where the rags were gathered? He might innocently certify to all that is required and yet send infected rags into the United States. The sure means of keeping cholera out of the country

would be non-intercourse with all foreign ports, but as this is impracticable, our best efforts should be directed towards reducing the chances of infection to a minimum—this can be done by rigid inspections on the one hand, and local sanitation on the other.

While it may be a commercial hardship to dealers in old rags to exclude this undesirable commodity from our markets, it is a personal hardship to passengers who have to undergo quarantine restrictions because they come from an infected district. It would be considered criminal to permit a ship to enter her dock in New York direct from an infected port; would it be any the less criminal to permit the entrance of old rags gathered and shipped from the ports of Hindoostan where cholera prevails all the year round, or from Mediterranean or French ports where it has held high carnival during the past six months? No one can say that old rags, gathered as we all know from what sources, are *all* infected, but the presumption is that some are, and as "a little leaven leaveneth the whole lump" so it is that a cargo of rags infected in part is practically wholly infected.

On another page, our Paris correspondent gives us important information concerning the reported successful cultivation and vaccination of the virus of yellow fever. While the details of the results obtained, which are taken from the reports contained in the Paris daily papers, are entitled to be received with the same reserve with which we usually accept the statements contained in lay newspapers concerning scientific discoveries, still they probably have for their foundation a basis of truth which, no doubt, was correctly reported by M. Bouley to the Académie des Sciences on November 10th. If these results of the researches of M. Freire on the attenuation and vaccination of yellow fever and on the immunity against the disease thereby conferred are confirmed, they constitute one of the greatest discoveries of the century and will take rank equal in importance with the discovery of the immortal Jenner.

#### SOCIETY PROCEEDINGS.

##### NEW YORK STATE MEDICAL ASSOCIATION.

*First Annual Meeting, held at the Murray Hill Hotel, New York, November, 18, 19, 20, 1884.*

(Specially reported for THE MEDICAL NEWS.)

THE PRESIDENT, HENRY D. DIDAMA, M.D.,  
IN THE CHAIR.

TUESDAY, NOVEMBER 18TH—FIRST DAY.

EVENING SESSION.

(Concluded from page 584.)

Two papers by Dr. William Wotkins Seymour, of Rensselaer County, one on *A Case of Nephro-lithotomy*



for *Calculus Pyelitis*, and the other on *A Case of Excision of the Rectum for Cancer*, were read by title.

DR. V. C. LYNDE, of Erie County, read a paper on

#### DOUBLE SYNCHRONOUS AMPUTATIONS.

With a view of obtaining reliable statistics on the subject, he had addressed inquiries to surgeons throughout the State, and from the actual reports in his possession had compiled the table which accompanied the paper. With the increase of various kinds of modern machinery, and of railroads, amputations have become much more common than formerly, and of the nearly one hundred cases of which the table was made up, no less than nineteen-twentieths of the amputations were from railway injuries. In the amputations of the upper extremities the patients almost without exception recovered. Of the thirty-four amputations of the legs and thighs, one-half recovered. As a rule, he believed that it was by far the best plan to operate immediately after the reception of the injury.

DR. LYNDE then read a paper on

#### THE FUNCTIONS OF THE AURICLES.

Having mentioned that the auricles were merely diverticula and reservoirs, he said that they were merely passive, and that there was but one active force in the heart, viz., the contraction of the ventricles. The greater part of the paper was taken up with an argument to prove that the auricles did not contract.

DR. AUSTIN FLINT, JR., remarked that it was difficult to discuss extemporaneously a paper of this character, the nature of its contents being previously unknown. The views of Dr. Lynde were, moreover, so novel and so greatly at variance with those of all physiologists, so far as he knew, that he could not permit them to pass unchallenged. In the lower animals he had over and over again plainly seen the auricles contracting, and there were several reasons which occurred to him on the spur of the moment, why the author of the paper was mistaken in claiming that they did not contract. In the first place, the walls of the auricles, although much thinner than those of the ventricles, were composed in the main of striated muscular fibres, or, at all events, of a structure very closely resembling these, and it was a known fact in the animal economy that if any muscle was paralyzed, it underwent certain changes, such as fatty degeneration, and became atrophied. No such change, however, took place in the muscular walls of the auricles, which had the same structure as those of the ventricles. In the next place, the arrangement of certain of the fibres of the auricular walls surrounding the opening of the veins, constricted the latter to such an extent that regurgitation into the great veins did not occur beyond a very limited amount.

Thirdly, direct observation on dogs had shown the distinct contraction of the auricles, and the period of that contraction, and this without exposing the heart. Sounds, to which are attached two rubber bags, could be introduced through the jugular vein into the right cavity of the heart, so that one of the bags would be in the ventricle and the other in the auricle. It would then be found that the compression of the bag in the auricle occupied two-tenths of the time of the heart's pulsation, and was followed almost immediately by the compression of the bag in the ventricle, which occu-

pled four-tenths of the time, the remaining four-tenths being occupied in general diastole. In the paper, Dr. Lynde had spoken of the suction force of the ventricles, but this he never could believe, since experiments showed that there was no such thing. The function of the auricles, as all physiologists agreed, was the discharge of a proper amount of blood into the ventricles, although their contraction was less powerful than that of the ventricles, and occupied only about one-half of the time required by the contraction of the ventricles.

DR. MOORE, of Rochester, at the request of Dr. Flint, Sr., gave an account of a series of original experiments on animals which he made in connection with the late Dr. Pennock in 1838, at a time when, as he said, very little was known of the details of the heart's action. If it were true that the auricles did not contract, they would be merely rudimentary organs, and he thought it is only necessary to look at their movements when the heart was exposed in animals to be convinced that their contraction was a positive fact.

DR. FLINT, SR., said that the author of the paper had referred the jugular pulse to the right ventricle. This was undoubtedly correct, as far as it went; but there was also an auricular jugular pulse, and he believed that he himself was the first to point this out. It preceded the contraction of the ventricle, the time of which was clearly indicated by the impulse of the heart, the first sound of the heart, and the carotid sound. Not infrequently there was both an auricular and a ventricular jugular pulse. There was another clinical fact of importance in this connection, and that was the presystolic murmur, which was generally conceded to be caused by the contraction of the auricle.

DR. ROSS said that at the last meeting of the New York State Medical Society he had reported a case of rupture of the right auricle, which, he believed, could not have taken place except while the auricle was in the act of contraction.

DR. LYNDE said that he had practised vivisection on from twenty-five to fifty dogs and sheep to determine this question. He had used various kinds and sizes of trocars and canulas, and while he invariably succeeded in getting a stream of blood when the instrument was plunged into the ventricles, he had never yet been able to do so when it was put into the auricles.

DR. E. D. FERGUSON, of Rensselaer County, read a paper on

#### THE USE OF THE ASPIRATOR IN HYDROTHORAX.

Having related a case in which death seemed to him to be due to the aspirator, he said that he had never used it except when urgent symptoms, such as dyspnoea, occurred, and then only in a very limited way. Previous to the invention of this instrument paracentesis thoracis had been regarded with much suspicion on account of the danger of pyothorax resulting; but of late, and especially since the publication of Dr. Bowditch's 250 cases, aspiration had been resorted to in a vast number of cases. Dr. Bowditch's rule was to stop the withdrawal of fluid only when pain in the epigastrium occurred; but he thought that the appearance of these symptoms indicated serious difficulty, and that the aspiration should be discontinued before they were produced. When aspiration was carried to too great an

extent, a certain amount of congestion was caused and it might even give rise to hemorrhage, which greatly increased the danger of empyema. The withdrawal of all or nearly all the fluid from the pleural cavity was analogous to the complete evacuation of the overdistended bladder, which was well known to be fraught with danger. Having alluded to the danger of the indiscriminate use of the aspirator in pelvic troubles, he said that the instrument did not always save life, and that as it was now employed he believed that on the whole it really did more harm than good. The discussion was postponed until after the reading of a paper by DR. THOMAS F. ROCHESTER, of Erie County, on

#### A NEW PROCEDURE IN PARACENTESIS THORACIS,

which consisted in the separation of the ribs by the introduction of the finger through the incision in the chest walls in those cases in which, on account of the small space between them, it was impossible otherwise to effect the entrance of a drainage-tube. He gave reports of three cases in which this manoeuvre was attended with complete success and followed by no unpleasant consequences whatever.

DR. FLINT, SR., thought there was a great deal of truth and reason in the views expressed by Dr. Ferguson, although he did not believe that the aspirator was responsible for so much evil as was claimed in the paper.

DR. MOORE said that he was disposed to agree with Dr. Ferguson in regard to acute pleuritis. But in empyema he had a firm conviction that the aspirator was better than all other means, and at this moment he recalled two cases in which he was certain the patients would have died if they had been treated by the methods formerly employed. The point taken by Dr. Ferguson, that the pleural cavity should not be emptied completely, he believed to be a good one.

DR. ROCHESTER said that he believed that, next to Dr. Bowditch, he had performed paracentesis thoracis oftener than anyone in this country. In empyema, he thought it a waste of time to use the aspirator, and that the drainage-tube was much preferable. He then gave the details of the method of procedure which he employed, and said that the results which he obtained were excellent.

DR. FERGUSON agreed with Dr. Moore as to the advantages of aspiration in hydrothorax. In regard to the use of the aspirator for diagnostic purposes, in the cavity of the pelvis and some other parts of the body, he thought very great caution was necessary, and that the profession hardly realized how great was the danger sometimes attending it.

#### WEDNESDAY, NOVEMBER 19TH—SECOND DAY. MORNING SESSION.

DR. GOULEY proposed a plan for

#### DIVIDING THE ASSOCIATION INTO FIVE SECTIONS

at its future meetings for the sake of convenience and the more successful prosecution of its scientific work, and, on motion of the Secretary, the matter was referred to the Council with the request that it should report on it at the next annual meeting.

#### FORMATION OF A LIBRARY.

DR. GOULEY then offered a series of resolutions providing that the Council should at once recommend the formation of a library for the Association, to be placed in the city of New York; that the Council should appoint a committee of three of its members, one of whom should act as librarian, to take charge of its management, and that a library fund should be raised by voluntary contributions. Dr. Gouley said that there was already the nucleus of a library on hand in the *Transactions* of other State societies which had been presented to the Association; that the use of forty American medical journals had been promised gratuitously, and that there was every reason to believe that within four or five months a room would be provided free of charge. It was proposed to make this library the headquarters of the Association, where all its Fellows could come as to a home. The resolutions were adopted.

#### AN ORIGINAL COPY OF THE CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

was presented on behalf of the Pennsylvania State Medical Society by Dr. H. H. Smith, of Philadelphia.

DR. C. S. ALLEN, of Rensselaer County, reported a

#### CASE OF DIARRHŒA FROM DISEASE OF THE PANCREAS.

The patient, who was advanced in life, suffered from discharges from the bowels resembling fluid fat, and Dr. Allen called the case one of *adipose diarrhœa*. There was, besides, fecal matter, which was half-formed and in fasciculi or bundles. From time to time pain in the vicinity of the umbilicus would come on, and the patient would immediately have to go to stool. At a consultation over the case, it was thought that the pylorus might be affected, and that there was undoubtedly obstruction about the head of the pancreas. Under medicinal and dietetic treatment, the patient greatly improved; so that the pain disappeared, and it was only occasionally that fatty stools were seen. It was found afterwards, however, that the patient was also suffering from renal disease; the urine being scanty and containing one-fourth part sugar and one-sixth albumen, besides epithelial and hyaline casts and broken-down blood-corpuscles. Death finally resulted from the absorption of urea, combined with old age.

#### A GIFT TO THE LIBRARY.

The Secretary announced that DR. GILLIS, of Franklin County, would present to the library of the Association almost fifty volumes of either the London or Edinburgh *Medical Journal*, whichever might prove the more acceptable.

DR. T. GAILLARD THOMAS then delivered

#### THE ADDRESS IN OBSTETRICS AND GYNECOLOGY.

(See THE MEDICAL NEWS, November 22, page 561).

#### AFTERNOON SESSION.

A paper on *The Practice of Medicine Forty Years Ago, with Comparative Position at Present*, by Dr. B. L. Hovey, of Monroe County, was read by title.

DR. DARWIN COLVIN, of Wayne County, read a paper on

## VENESECTION IN THE CONVULSIONS OF PREGNANT AND PARTURIENT WOMEN.

His remarks, he said, were based on an experience extending over very many years in the practice of his father and himself. His father had been in practice fifty years, and during the last thirty years of it he had been associated with him. In the past thirty years of his father's practice convulsions never followed in any instance in which venesection had been performed before confinement as a preventive measure, and his cases of eclampsia were, during this period, more satisfactory than in the later years of his practice, after the use of chloroform, ether, and hypodermic injections of morphia had come into vogue. In the first case in which he and his father employed chloroform, the convulsions returned after its use, and they were obliged to resort to venesection; with the result, as he believed, of saving the patient's life. In another case, in a young and delicate woman, whose weight was only 105 pounds, after remedies of various kinds had been employed for fourteen hours without avail, and death seemed imminent, twenty-five ounces of blood were withdrawn from the arm, with a similar favorable result. In a third case, in which he had had no opportunity of making a previous examination, he found at the beginning of labor that the urine contained one-fourth part albumen. He immediately administered an ounce of Rochelle salt; but, notwithstanding this, convulsions set in. Chloroform, chloral, bromide of potassium, morphia, and veratrum viride were tried in vain, and as soon as possible craniotomy was performed, and the uterus was emptied of its contents. After delivery, however, the convulsions set in again, and twenty-five ounces of blood were then drawn. After this there was but one convulsion (which was followed by a single inhalation of chloroform and one hypodermic injection of a quarter of a grain of morphia), and there was then no further trouble. In this instance the patient weighed only ninety pounds, and he firmly believed that both these women would inevitably have died if venesection had not been resorted to. In the last case reported, violent and prolonged convulsions set in about three weeks previous to full term, and the patient remained insensible for many hours. Thirty ounces of blood were taken, chloroform given by inhalation, and chloral and bromide of potassium by the rectum, with the effect of stopping the convulsions and restoring consciousness. The urine being found to be loaded with albumen, vigorous treatment for this condition was instituted. At the time of confinement, convulsions again threatened, but were successfully warded off by the use of chloral and bromide. He said that he might have quoted a vast number of cases, showing the benefit of venesection; but these would serve as examples. The lancet he believed to be the sheet-anchor in puerperal convulsions, and the special indication for its use, he thought, was a peculiar kind of irregularity of the pulse, which might be firm or otherwise in different cases. If venesection was resorted to before the patient had sunk into a profoundly comatose condition, he believed that it would always be followed by recovery, and in an experience of forty years he had never had a fatal case. In conclusion, he laid down the following rules for the avoidance of convulsions: (1) Always examine your patient at least two months before the expected confine-

ment, if possible. (2) Test the urine from time to time during the intervening period. (3) If there is much cephalalgia, whether there is albuminuria or not, practise venesection. (4) Warn the patient against indulging in food that is likely to bring on acute indigestion. (5) Keep the bowels in a soluble condition. (6) If at the beginning of labor much headache is present, practise venesection, and if the suffering continues, give a hypodermic injection of a quarter of a grain of morphia.

DR. E. M. MOORE said that the admirable results mentioned by Dr. Colvin did not accord with contemporary experience. He himself in past years had practised venesection in a very large number of cases, sometimes drawing as much as twenty-five ounces; but it had not always been successful in saving the patient. In puerperal convulsions, he believed the way to affect a cure was to eliminate the poison which was causing the trouble. In all the old cases it had been the practice, in addition to the bleeding, to administer purgatives, and the agents usually employed were calomel and croton oil.

In all the cases related in Dr. Colvin's paper, it seemed that a cathartic had also been given; and he could not help feeling convinced that for the albuminuria of pregnancy and other curable forms of albuminuria, cathartics were the great remedies to depend on. When the uterus had been emptied, the albuminuria generally disappeared (though not always), and in any case of labor in which convulsions threatened, or had actually set in, it was a matter of prime importance to get the uterus emptied as soon as possible. Now, in these convulsions it so happened that whatever would suspend the attacks until cathartics had time to act, whether bleeding, chloroform, ether, morphia, or anything else, would be of service. Cathartics are usually looked upon as a subordinate matter in the treatment, and often given simply as a matter of routine; but, in his opinion, they were the essential elements in the removal of the condition on which the convulsions depended. Unfortunately, sometimes patients succumbed before these agents could exert their beneficial action; but, as a rule, if we do anything that would suspend the convulsions for a time, an efficient cathartic would achieve a cure. There was no doubt that blood-letting would suspend almost anything for the time being—as, for instance, an attack of neuralgia; though it would be worse the next day. Hence in these periods when other agents that were now at our command were unknown, this procedure was of invaluable service in gaining time for the action of cathartics and the emptying of the uterus. But had we at the present time any other agent that would accomplish this purpose as well or better? In his opinion, decidedly we had, and that agent was ether; which he believed to be very much preferable to chloroform in these cases. It would suspend the convulsions more easily than bleeding or anything else with which he was acquainted. In his experience (as indeed in some of the cases mentioned by Dr. Colvin), the convulsions had not infrequently recurred after venesection, and the same was true in regard to the use of chloroform. But if ether was used *freely and perseveringly*, whether there was snoring respiration or not, the convulsions would almost invariably be controlled until the condition producing them had been relieved by the action of cathartics. It was



essential, however, that the inhalations should be maintained constantly until either the uterus had been emptied or the bowels freely moved by the purgative given. There was no danger from the ether, and the physician ought not to be afraid to use it in the freest possible manner. Dr. Colvin had mentioned in one of his cases that the convulsions recurred regularly after a certain interval of time; the interval in that instance being seventy-five minutes. This periodicity was a curious feature of puerperal convulsions, which he had noticed in quite a number of cases; and whenever it was found to be present the physician should, of course, be careful to administer an extra quantity of the anæsthetic as the time approached for the recurrences.

The discussion was continued by Drs. Pomeroy and Cronyn, of Erie County, and Dr. Hovey, of Monroe County.

DR. THAYER, of Brooklyn, said he fully believed in the principles enunciated by Dr. Moore, and, like him, he had used ether with much success. There was, however, another agent which had been reported very favorably upon at the meeting of the Kings County Society, and to which he should like to direct attention. This was Norwood's tincture of veratrum viride in teaspoonful doses, repeated as often as was indicated by the condition of the pulse. By means of it the pulse could be reduced to sixty or seventy, and kept there, and under these circumstances the convulsions would not recur.

DR. COLVIN closed the discussion. He said that he was not willing to admit that venesection was merely a diversion, being still firmly convinced of its curative agency.

A paper entitled *Notes on Peat as a Surgical Dressing*, by Dr. W. S. Tremaine, of Erie County, was read by title.

DR. C. C. F. GAY, of Erie County, read a paper on

#### FRACTURE OF THE BASE OF THE ACETABULUM.

The positive diagnosis of this fracture was difficult, if not impossible, and in the treatment nothing more than rest can be prescribed. He had seen a specimen of bony union after the accident, and he thought the fracture was probably more frequent than was generally supposed, as it might be due to slight causes. It might occur alone or in connection with fracture of the innominate bone, and either with or without displacement of the head of the femur, and he desired to call attention to it especially for the purpose of warning surgeons against too much manipulation of the part, which was likely to result in far greater harm than good. Having described the delicate anatomical structure of the acetabulum, he referred to two cases illustrating the difficulty of diagnosis. The first had been reported by Dr. H. B. Sands, of New York, and the second had occurred in his own practice. The latter was that of a woman who fell thirteen feet, striking the hip. The diagnosis of probable intracapsular fracture was made, and extension was found to give relief. She afterwards died of septicæmia, and at the autopsy it was found that there was a fracture of the acetabulum in three directions, and involving a portion of the innominate bone. The specimen was exhibited.

In this fracture, Dr. Gay went on to say, there were no shortenings, no eversion, and no crepitus. If crepitus

existed when the acetabulum was fractured, it was from a portion of the *os innominatum* being involved. There was almost always pain in the hip, which was increased by the movement of the joint, and, therefore, if there was severe and constant pain in this locality which could not be otherwise explained, it would be of significance in the diagnosis. Exploration through the rectum or vagina might also be of service. There was no danger from an uncomplicated fracture of the acetabulum if left alone. Slight extension might be employed if it was grateful to the patient.

DR. BROWN, of Chemung County, mentioned a case of probable fracture of the acetabulum, which had occurred in his practice, with complete recovery after treatment, with slight extension and the subsequent use of crutches for a time; and Drs. Cronyn and Pomeroy each said he had at present under his care an obscure case, in which he thought, after hearing Dr. Gay's paper, he would be able to make the diagnosis of this fracture.

DR. J. C. ORTON, of Broome County, read a paper entitled

#### A CASE OF TUBAL PREGNANCY, AT FULL TERM, OF FOURTEEN YEARS' STANDING; AUTOPSY.

The patient having noticed a peculiar oily discharge from the rectum, he made digital exploration of the latter, and found an opening about four inches above the anus, through which he could feel a hard, movable object. This proved to be the right tibia of a full-grown foetus; and by the same opening, about a hundred bones had been removed, when the patient was carried off by a violent attack of diarrhoea, which, at the time, was epidemic at Binghamton, where she resided. The details of the autopsy were given, and the bones of the foetus presented. The prolongation of the life of the child to full term in pregnancy, he said, was exceedingly rare, and he had been able to find one other instance of it recorded in this country. Having mentioned that he had intended, if the patient had not died, to crush the tables of the skull and extract through the enlarged opening, he said he should like to have an expression of opinion from those present as to what surgical interference was called for in this case, with and without the light of the autopsy. The sac and the foetal bones he proposed to present to the Woman's Hospital in New York.

DR. ISAAC E. TAYLOR, of New York, related the case of a woman who, at the end of eight and a half months of pregnancy, was admitted to Bellevue Hospital in a dying state from internal hemorrhage. At the autopsy it was found that she was suffering from tubal pregnancy. It was exceedingly rare for the foetus to live to this stage, and it was the only case of the kind that he had ever met with. The specimen was preserved in the Wood Museum.

DR. NATHAN BOZEMAN, of New York, read a paper on

#### A CASE OF TUBAL PREGNANCY CONSIDERED IN RELATION TO RUPTURE OF THE TUBE; DIAGNOSIS AND TREATMENT.

The object of the paper, he said, was to call special attention to the dangers and treatment of extrauterine pregnancy, and to the importance of early diagnosis; as illustrated in two recent cases in his own experience.

Having spoken of the immediate and remote dangers of the condition, he referred to the impetus given to the study of the subject, especially in reference to the matter of diagnosis, by the contribution of Dr. Stephen Rogers, of New York, in 1867. In the way of treatment, he urged the use of electricity whenever a diagnosis was made before the rupture of the cyst, and where rupture had occurred, the prompt resort to laparotomy in order to arrest the hemorrhage. In this last operation, Mr. Lawson Tait had been more successful than any surgeon of any country, having performed laparotomy at the time of rupture (from the tenth to the thirteenth week) in five cases, with four recoveries. He then spoke of a case operated on by Dr. Briddon, of New York; after which he gave the details of a case, seen in August, 1884, in consultation with Dr. Burns, of Honesdale, Pa. Dr. Burns mistook the case for one of pelvic hæmatocele after the rupture of the cyst during the thirteenth week of pregnancy, and it was not till seven days after the rupture that Dr. Bozeman saw the case and made the diagnosis. At that time, however, the condition of the patient had improved to such an extent that he did not feel justified in operating, and advised that no immediate interference should be made. Shortly afterwards alarming symptoms ensued, and Dr. Bozeman performed laparotomy with all the precautions of antiseptic surgery. The enlarged tube was removed, and the hemorrhage controlled; but the patient died from exhaustion thirty-three hours after the operation. The ruptured tube, with a large clot protruding from the opening, was exhibited. Dr. Bozeman then detailed a case which he saw in consultation with Dr. John Burke, of New York, in which three years and two months after the death of the fetus at the end of six months in an extrauterine pregnancy, the patient gave birth, at the end of seven and a half months of normal pregnancy, to a child which had evidently been dead for some time. After the delivery of this child, an incision was made through the posterior wall of the vagina, and the remains of the former fetus removed. The bones were complete, but the soft parts had been almost entirely absorbed. The specimens were exhibited. The paper concluded with a *résumé* of the various points in diagnosis and treatment.

DR. ARNOLD said that there was a specimen in the museum of the Albany Medical College, taken from a woman who carried an encysted extrauterine fetus for fifty-two years.

DR. ROSS related a case very similar to the one reported by Dr. Bozeman, occurring in the practice of Dr. Price, of Elmira. There was no operation; but death did not occur until nearly seven months after the rupture of the cyst.

DR. ROBERT NEWMAN spoke of a case which had been reported to the New York Pathological Society. The skeleton of the fetus was complete, but between one and two years were occupied in the delivery of the bones. The patient entirely recovered. He wished to know in what way electricity acted in extrauterine pregnancy.

DR. BOZEMAN said that the *modus operandi* of electricity seemed to be that it destroyed the life of the fetus, and that nature herself disposed of the remains. If a large fetus like that in his second case could be successfully disposed of, a fetus in the early stages of development could much more readily be disposed of. He

then related a case which he had seen in New York in consultation only last week. When the diagnosis was made, the cyst seemed just on the point of rupture, and it was at once decided to resort to the use of electricity. Four applications, of ten minutes each, had accordingly been made by Dr. Rockwell, and the patient was doing remarkably well. There was a slight bloody discharge from the vagina, which the microscope showed to be of a decidual character, and there could thus be no doubt about the diagnosis.

DR. E. R. SQUIBB mentioned a specimen, in the museum of the Jefferson Medical College Hospital, of a cyst which had remained in the abdomen of a negress for twenty years, and removed after death.

DR. C. S. BULL, of New York, read a paper on

#### THE HYDROCHLORATE OF COCAINE IN OPHTHALMIC SURGERY.

Having remarked that within certain limits it was an agent of the greatest possible value, he proceeded to give his own experience with it: showing its anæsthetic effect upon the sensory nerves of the cornea and conjunctiva, and its effects upon the pupil and upon accommodation. In 150 cases in which he had used it for the production of anæsthesia of the cornea or conjunctiva, its action had been perfect, with the exception of three cases, in which its effect was only slight. As to the effect of the agent upon accommodation, his results were unsatisfactory. The range of accommodation was shortened by it, but in no instance was complete paralysis of accommodation caused by it. Its effect was less marked, and more transient on the ciliary muscle than on the iris. Having given a *résumé* of the operations about the eye in which he had employed it, Dr. Bull said he was convinced that the drug was of extreme value, and that even those least enthusiastic over its effects would welcome it as a relief from the thralldom of ether and chloroform, which had so many disadvantages for the ophthalmic surgeon.

DR. H. E. MITCHELL, of Troy, confirmed, from his own experience, all that Dr. Bull had said of the good results obtained with this agent. In his own practice he had for a long time been in the habit of using bromide of ethyl as an anæsthetic, and up to the recent discovery of this effect of muriate of cocaine he considered it by far the best and most convenient that the ophthalmic surgeon could employ. Two or three minutes were sufficient to induce anæsthesia with it, and he thought it was entirely safe for short operations.

DR. SQUIBB made some remarks on the production and cost of hydrochlorate of cocaine. Up to the present time he had not succeeded in making it himself, except in such minute quantities as to render its extensive manufacture out of the question, and as yet it was manufactured by but one house in Europe.

#### EVENING SESSION.

DR. FREDERICK W. PUTNAM, of Broome County, reported

#### A CASE OF DISLOCATION OF THE FIRST PHALANX OF THE THUMB FORWARDS.

The patient to whom this rare accident occurred was a lad ten years old. After the reduction of the luxation a loose bandage was applied, and water dressing used for a time, the case doing perfectly well.

A paper on *Common Sense versus Hypothetical Medication in Treating Chronic Diseases*, by Dr. Jonathan Kneeland, of Onondaga County, was read by title.

DR. JOHN P. GRAY, of Oneida County, read a paper entitled

#### HINTS ON THE PREVENTION OF INSANITY,

in which he showed the importance of looking out for early symptoms, such as fagging of the brain, which might eventually result in insanity, but which, if taken in time, could ordinarily be cured without difficulty. In cases affected with sleeplessness, a proper diet and regimen, combined with suitable tonics, were much better, as a rule, than hypnotics and narcotics, which were apt to do more harm than good. Moral influences could often be brought to bear with great care in these cases, and great care should be taken never to startle such patients with suggestions of trouble to be apprehended in the future. One source of a number of cases of insanity he had found was setting children and youths to work at school too soon after having had severe attacks of scarlet fever, measles, and other diseases, before their nervous systems had had time to recover from the exhaustion incident to such affections.

DR. STEPHEN SMITH, of New York, read a paper on

#### EXCISION OF THE KNEE IN PREFERENCE TO AMPUTATION IN CERTAIN DEFORMITIES OF THE LEG.

It was principally composed of tables, which Dr. Smith did not read. As excision was proved by statistics to be quite as safe as amputation above or below the knee, and as it seemed to be established that a firmly ankylosed knee-joint was more useful than a stump, he thought excision was to be preferred.

DR. S. W. GROSS, of Philadelphia, described an operation, devised by his father, for increasing the usefulness of a limb when the knee-joint had become an entirely bony structure, which was very simple, and deserved more attention, he thought, than it had hitherto received. The adhesions having been broken up, and the patella separated from the external condyle, the limb was gradually to be brought to that position which was best suited for progression, with the heel about one inch from the ground.

DR. MOORE spoke highly of the use of the osteoclast of M. Robin, of Lyons, in this class of cases.

DR. GEORGE T. HARRISON, of New York, read a paper on

#### THE CURETTE: ITS PLACE AND ITS POWER IN UTERINE THERAPEUTICS.

Having shown that many of the highest authorities were widely at variance in regard to the utility of the curette, he expressed himself as in favor of its employment to a considerable extent, and then proceeded to inquire (1) in what conditions it could be used with advantage, and (2) the best method of using it in appropriate cases. The instruments which he himself had employed almost exclusively were Sims's and Thomas's. Freund's spoon he had employed only in a few malignant cases. Among the conditions in which he recommended the curette were the following: Sarcomata and carcinomata, where more radical measures were contra-indicated; detention of a portion of decidua membrane or ovum; various forms of chronic endometritis, and especially that characterized by fungoid granulations

with hemorrhagia and metrorrhagia; small benign neoplasms, areolar hyperplasia, and myoma. It was also of service for diagnostic purposes.

DR. FREDERICK S. DENNIS, of New York, read a paper on

#### THE RELATIONS BETWEEN TUBERCULOUS JOINT DISEASE AND GENERAL TUBERCULOSIS.

By tuberculous joints he said he meant those in which bacilli tuberculosis were found, and by general tuberculosis he meant the acute miliary disease. There could be no doubt, at the present day, of the tuberculous origin of joint disease, and the way in which scrofula, when it was present, acted in any case was simply to furnish a suitable soil for the development of the tuberculous affection. The best modern German authorities had found that one-third of the cases of joint disease were connected with scrofula, and that only one-sixth were due to traumatism. Dr. Dennis related a case in which he performed amputation for disease of the wrist-joint, which was proved to be unmistakably tubercular by the presence of the bacilli. The patient recovered perfectly from the amputation, but afterwards died from general tuberculosis; evidence of the presence of the disease being found in almost every organ in the body. The affection always spread from local foci, and the removal of glands containing cheesy masses was a means of preventing general tuberculosis.

DR. S. W. GROSS fully confirmed the views expressed by Dr. Dennis, and said that he felt sure that no more important paper had been or would be presented to the Association. The practical lesson to be learned from it was the early treatment of diseased joints. At first the affection was a strictly local one, which showed that it was auto-infectious; and if operative procedures were resorted to early, there was no doubt that many patients could be saved from acute miliary tuberculosis. If left to itself the disease affected adjacent tissues, behaving like cancer; and he thought that the analogy between it and cancer was almost perfect. It was of special importance to extirpate affected glands—Billroth's statistics showed that of the deaths from joint disease, not less than 54 per cent. were from acute miliary tuberculosis, and 33 from amyloid degeneration.

DR. WM. T. LUSK, of New York, read a paper on  
THE MANAGEMENT OF BREECH CASES, IN WHICH THE LOWER EXTREMITIES ARE EXTENDED UPWARD PARALLEL TO THE BODY OF THE CHILD.

If the foot could not be reached without using force, or if it was impossible to hook the finger in the groin, it often became necessary to use instruments, and Dr. Lusk mentioned these in the order in which he would recommend their employment, viz.: the forceps, the fillet, the blunt-hook, and the cephalotribe; the latter being the best instrument if the child was dead. Although the forceps were, of course, especially adapted for the head, they could be used with much greater advantage in breech presentations than was generally supposed, and since the axis-traction of Tarnier had been known new impetus had been given to their employment in this class of cases.

DR. THOMAS H. MANLEY, of New York, read a paper on  
WOMEN AS MIDWIVES,

in which he advocated the training of midwives for the poorer classes. It was a fact now, he said, that fully



one-third of the wives of workingmen in New York were unattended in their confinements, and this would seem to indicate that good midwives were wanted. One advantage of having intelligent and trained women for the purpose was that in case of difficulty they would send for a physician, and not leave the patient to die without skilled attention.

THURSDAY, NOVEMBER 20TH—THIRD DAY.

#### MORNING SESSION.

On motion of Dr. S. S. Purple, resolutions in reference to *The Death of Dr. John G. Adams* were passed.

#### THE VANDERBILT AND CARNEGIE GIFTS.

DR. AUSTIN FLINT offered the following resolutions, which were unanimously passed:

The New York State Association, having heard with great satisfaction of the recent gift of Mr. Andrew Carnegie, of \$50,000 for the erection of a building to be devoted to physiological and pathological laboratories, and the more recent gift of Mr. Wm. H. Vanderbilt of \$500,000 for the prosecution of scientific researches and instruction in medicine, it is

*Resolved*, That this Association tender to Mr. Carnegie and Mr. Vanderbilt congratulations and thanks, on behalf of the interests of medical science and of humanity.

*Resolved*, That the Corresponding Secretary of this Association be instructed to transmit the foregoing resolution to Mr. Carnegie and Mr. Vanderbilt.

#### ELECTION OF OFFICERS.

The following officers, reported by the Committee on Nominations, were unanimously elected:

*President*.—Dr. John P. Gray, of Utica.

*Vice-Presidents*.—Drs. W. H. Robb, of Montgomery County; J. G. Orton, of Binghamton; J. C. Greene, of Buffalo; and J. C. Hutchison, of Brooklyn.

*New Members of the Council*.—Drs. Wm. Gillis, of Franklin County; R. C. McEwen, of Rensselaer County; Frederick Hyde, of Cortland County; Darwin Colvin, of Wayne County; and J. W. S. Gouley, of New York County. Dr. S. S. Purple, of New York, was appointed Member at Large by the President.

*Recording Secretary*.—Dr. Caleb Green, of Cortland County.

*Treasurer*.—Dr. John H. Hinton, of New York.

DR. AUSTIN FLINT, of New York, then delivered an

#### ADDRESS ON MEDICINAL AND NON-MEDICINAL THERAPEUTICS.

(See page 589.)

#### RESOLUTIONS OF SYMPATHY FOR PROF. SAYRE.

On motion of DR. FLINT, resolutions of sympathy for Dr. Lewis A. Sayre, on account of his prolonged illness, were adopted.

#### A VOTE OF THANKS

having been tendered Dr. Gouley for his valuable services in arranging the present meeting, and his untiring efforts for its success, the President introduced

#### THE PRESIDENT-ELECT,

Dr. Gray, who gracefully returned his thanks, and said that the Association was not an offshoot, but a body spontaneously brought together, which represented principles which they believed to be necessary for all.

#### AFTERNOON SESSION.

DR. GASPAR GRISWOLD, of New York, read a paper on FALSE ALBUMINURIA.

This, he said, included two distinct classes of cases: (1) those in which the urine does not contain albumen, but a precipitate resembling albumen is noticed under ordinary tests, and (2) those in which albumen is present in the urine, but does not come from the kidney. A small quantity of albumen in the urine was often of greater importance than a large amount, since there was no difficulty in those cases of Bright's disease in which there was marked albuminuria, which was usually accompanied with extensive dropsical effusion. It was of great moment, therefore, to decide whether a slight cloud discovered under careful testing was really albumen or not. In this paper Dr. Griswold said he would confine himself to the ordinary tests of heat and nitric acid; but it must be understood that the test-tubes employed should be absolutely clean, that the urine should be carefully filtered, and that the testing should be made in a suitable light, with the tube held against a black background. He then proceeded to speak of the substances in the urine which were likely to give precipitates resembling albumen, and the mode of detecting them.

(1) *Phosphates*. Here the heat-test and cold nitric acid test would answer.

(2) *Mucus*. This did not usually interfere with the examination for albumen; but there are two exceptions: (a) when the mucus was alkaline, and (b) when it was in such excess that a slight cloud of albumen could not be observed. In the first condition the cold nitric acid test would answer, and in the second the mucus could be removed by adding liquor potassæ and filtering; when the cold nitric acid test could be employed as before.

(3) *Uric acid*. In this case the urine was to be diluted.

(4) *Peptones*. True peptones were not precipitated, but hemipeptones were precipitated by cold nitric acid.

(5) *Resinous drugs, like copaiba*. Here alcohol could be used to dissolve the resinous precipitate.

When albumen was present in the urine, but did not come from the kidney, it was due to one of the following substances: (1) *Blood*. To be detected by the microscope. In some instances only albumen and coloring matter remained; the corpuscles no longer existing. Here the test for hæmoglobin was to be applied. (2) *Pus*. (3) *Prostatic or spermatic fluid*.

The following papers were read by title: *Stretching of the Nasal and Infraorbital Nerves in Ciliary Neuralgia*, by C. E. Ross, of Chemung County; *A Case of Ovarian Cyst, with Operation*, by Dr. T. M. Lloyd, of Kings County; *Organic Disease of the Brain not a Constant Factor in Insanity*, by Dr. S. T. Clark, of Niagara County; *Supporting the Perineum in the Act of Parturition*, by Dr. Jacob Hartman, of New York.

DR. SAMUEL W. SMITH, of New York, read a paper on

#### THE EARLY USE OF THE KNIFE IN NÆVUS OF THE CAVERNOUS ANGIOMA VARIETY AS CONTRASTED WITH OTHER MODES OF OPERATION FOR REMOVAL.

He was aware that the position he took was a bold one, and antagonistic to many trustworthy authorities;

but he preferred the knife, as a rule, for the reason that that in the others there was great danger of the absorption of putrescent material. In support of this position he detailed two cases in which the patients, both of whom were very young children, came near dying from pyæmia from operations with needles. They were afterwards treated with the knife, and good results obtained in each instance.

DR. E. G. JANEWAY, of New York, read a paper on

#### ABSCESS OF THE LIVER.

The impression that this affection was a very uncommon one in this climate was erroneous, and practitioners should, therefore, be constantly on the lookout for it. In this paper it was proposed to treat only of proper abscesses of the liver, single or multiple, and during the past year he had met with no less than seven such cases. Four of the patients were still living, three of whom were operated on, while in the fourth the abscess discharged spontaneously, both into the right lung and the intestines, and three had died. The seven cases were given in detail; after which Dr. Janeway referred briefly to the symptoms of the disease. Jaundice was usually conspicuous by its absence, and the same was true of melancholia, which had been supposed to be frequently associated with hepatic abscess. There was usually hectic—the fever varying very greatly in different cases and at different times—tenderness, and pain, which was not infrequently reflected to the right shoulder. The points to which Dr. Janeway called attention in conclusion were as follows: *First*. Abscesses of the liver could be divided into three classes, according to their location: (a) those in the left lobe; (b) those in the lower part of the right lobe, and (c) those in the upper and posterior parts of the right lobe. *Second*. The difficulties of diagnosis could be lessened by the history of the case and the exclusion of other affections. *Third*. There were several methods by which adhesions between the liver and abdominal walls could be detected. *Fourth*. In the matter of etiology, he thought that many of the cases that were regarded as idiopathic were in reality of traumatic origin; the injury giving rise to the trouble having escaped notice. He did not wish, however, to deny the agency of bacteria in causing abscess of the liver.

The SECRETARY announced that there were now TWO HUNDRED REGISTERED FELLOWS IN ATTENDANCE, and that the whole number of names on the books of the Association was upwards of 440.

DR. J. LEWIS SMITH, of New York, read a paper on

#### DIPHTHERITIC CROUP.

In pseudo-membranous laryngitis and tracheitis, whatever the cause, the pathological appearances, clinical history, and treatment were practically identical. While croup was, undoubtedly, usually associated with diphtheria at the present day, it was a fact well established, he thought, that it could exist without diphtheria, as was proved by the fact that it was a clearly recognized disease long before diphtheria was ever known in this country. We must, therefore, recognize a cause for croup which is distinct from diphtheria. For the last five years the percentage of cases in which the larynx was attacked, in patients suffering from diphtheria

in New York, was not so large as it had been for several years preceding. In speaking of the prognosis, he said that if in cases of diphtheria, the earliest symptoms of croup, such as hoarseness, etc., were watched for, the extension of the membranes to the larynx could usually be prevented, or, at all events, the laryngeal affection rendered much less serious than it might otherwise have been. In the treatment, he preferred inhalations of turbid lime-water with the addition of 1½ per cent. of liquor potassæ. He had lately found that *trypsin*, which was a large constituent of extractum pancreatis, was a safe and efficient solvent for fibrinous exudation, and he had already applied it with success to the fauces in mild cases of diphtheria. It seemed to him, therefore, that it might be added with advantage to the alkaline inhalations. For lack of time, he was obliged to omit any reference to the treatment by bichloride of mercury.

DR. J. P. GARRISH, of New York, had used the latter remedy with great success, and was in the habit of giving five drops of a solution of the strength of one grain to the ounce every hour, to a child two years of age. Turpentine on the larynx he had found an excellent local application.

DR. ROCHESTER, of Buffalo, had found that the most satisfactory way to treat diphtheritic croup was by insufflations of a powder consisting of one part of iodoform to two of bismuth, repeated every two hours, in addition to stimulants, and generally supporting treatment internally.

DR. REESE, of Brooklyn, said that for the past fifteen years he had used nothing but the external application of kerosene on flannel, and had never lost a case. The efficacy of the remedy he did not think was due to its counter-irritant effect, but to inhalation of the fumes of the kerosene.

DR. CARROLL, Secretary of the State Board of Health, said that the danger of diphtheria was not by any means commensurate with the extent of exudation present in any given case. Referring to the relations of scarlatina with diphtheria, he said that the latter was almost invariably post-scarlatinal; but he had seen one case in which, on the eighth or ninth day of an attack of diphtheria, when the disease was subsiding, a rise of temperature occurred, and within twenty-four hours well-marked scarlatina, which ended fatally, had developed. The child had been completely isolated during its entire illness.

DR. MOORE, of Rochester, had found the use of the atomizer inefficient in young children, and thought that insufflations of bicarbonate of soda, lasting for five minutes and repeated every hour, were much preferable. This measure, with the filling of the sick-chamber with fumes of burning sulphur, he considered the best method of treatment. It was astonishing, he said, how little inconvenience the sulphur fumes caused the persons in the room after they had been subjected to them for a short time.

DR. AUSTIN FLINT, JR., of New York, read a paper on

#### TYPICAL CASES OF DIABETES MELLITUS NOT BEFORE REPORTED.

Since he had read his report of fifty cases at the meeting of the American Medical Association in May last, he had met with four other typical cases which he

wished now to present. In the first, the patient, a lady of twenty-two, had allowed the disease to run its course without interference for a year, indulging inordinately in sweets at a time when the affection was at its height, and although there had been considerable improvement under treatment, it was impossible to get rid of the sugar in the urine entirely; and, as the case was complicated with renal difficulty, he regarded the prognosis as unfavorable. In the other three cases, in which the ages of the patient was respectively fifteen, thirty-four, and fifty-nine years, the sugar had disappeared as soon as the treatment was commenced, and had never returned; the treatment consisting of anti-diabetic diet and Clemens's solution of arsenite of bromine in doses of from three to five drops. From his experience, he could assent to the statement made by Cantani, that diabetes has to-day become a curable disease.

DR. CLARK, of St. Albans, Vermont, related his experience with the affection in his own person, and Dr. Fifield, of Boston, told of the sad case of his son, a lad of fourteen, who after being mangled by a savage bulldog was attacked with diabetes, which, in spite of every possible method of treatment, ran a rapidly fatal course. He believed that it was a very fatal disease among the young, and that the older a person was when it came on, the better the chances of recovery were.

DR. FLINT said that he had seen the sugar disappear from the urine in the young as well as the old, and the second case which he had described in his paper was a striking example of this. When this girl was brought to him, she was already on anti-diabetic diet, and as he could not find any sugar in the urine, he was inclined to doubt the diagnosis of diabetes. He, therefore, instructed her to eat freely of all kinds of food for twenty-four hours, and at the expiration of that time he found her urine loaded with sugar. It again disappeared as soon as the anti-diabetic diet was resumed.

DR. C. W. ROSS, of Chemung County, read a paper on a

#### CASE OF RUPTURE OF THE UTERUS.

The patient had a deformed pelvis, and was advised to have labor induced prematurely, but refused. The uterus ruptured in labor at full term, and the child, membranes, and placenta, escaped together into the abdominal cavity. There was only one other case on record in which this was known to have occurred. The uterus, with the rupture, eight inches in length, was exhibited.

DR. R. B. BONTECOU, of Rensselaer County, presented  
A CASE OF CONSERVATIVE SURGERY.

The patient had received a severe gunshot injury of the left shoulder during the war, and resection was afterwards performed. As much of the periosteum as possible was left at the operation, and the result was that several inches of the humerus were restored by nature.

A paper by Dr. John H. Hinton, of New York, on *A Case of Gunshot Wound of the Stomach, with Recovery*, was read by title.

DR. J. W. S. GOULEY read a paper, entitled  
REPORT OF A CASE OF LIGATURE OF THE PRIMITIVE  
ILIAC ARTERY FOR DIFFUSE ANEURISM OF THE EX-  
TERNAL ILIAC ARTERY.

The aneurism was of traumatic origin, and after ligating the artery he desired to apply a second ligature and

open the sac, but was dissuaded by his colleagues at the hospital. Had he done this, he thought the patient's life could have been saved. As it was, in a few days the sac ruptured, an abscess formed, the walls sloughed, and death resulted on the nineteenth day after the operation. The point which he wished to have discussed was, how far he was justified in considering the procedure contemplated after the ligation alluded to in the paper the best method of treatment.

DR. FIFIELD believed that it was the right plan to adopt in such cases, and gave for his opinion the authority of the illustrious John Bell, of whom he remarked that time had not taken much from what he said or added much to it.

The Association then adjourned.

In the evening the Fellows residing in New York County entertained the Association and its guests at

#### A BANQUET

at the Murray Hill Hotel, and on the day following, November 21st, after the visit to Bellevue Hospital, the Association was taken by the Commissioners of Charities and Correction on

#### AN EXCURSION

to the hospitals and other institutions on Blackwell's, Randall's, and Ward's Islands.

## CORRESPONDENCE.

### A CONTRIBUTION TO THE STUDY OF THE THERAPEUTIC ACTION OF COCAINE HYDROCHLORATE.

To the Editor of THE MEDICAL NEWS.

SIR: So much has already been said about the new local anæsthetic, that it would seem almost useless for a general practitioner, whose opportunities for testing it in eye surgery are limited, to attempt to add anything to the general stock of knowledge on the subject; but I have been requested, by friends who are more familiar with ophthalmic surgery than I am, to report a case, recently under my observation, in which the use of cocaine hydrochlorate was followed by most striking results. Whether these results were *propter hoc*, or simply *post hoc*, I do not pretend to say, but I give the case for what it is worth:

On the evening of November 10th, a colored boy, about fourteen years old, while stooping over a stove struck his eye against the hot iron. The pain was extremely severe, and had abated but little in severity when I saw him, six hours after the accident. In order to give him relief from pain, and to enable me to make a satisfactory examination of the eye, I dropped two or three drops of a two per cent. solution of cocaine hydrochlorate in the folds of the lower lid. In four or five minutes the well-known anæsthetic effect was produced, and I found on examination that the whole of the upper half of the cornea had been burnt over absolutely opaque. On passing my finger over this surface, it was evident that the corneal tissue itself was involved, and that it was not simply coagulated lymph which caused the opaque appearance. There was considerable injection of the conjunctiva.



Ten minutes after the first instillation, I put in ten more drops of the cocaine solution. Nothing else was done, the pain being relieved, and it being then midnight and impossible to get the boy or his friends to carry out such measures as would otherwise have been employed. At 9 o'clock the next morning, the cornea was perfectly clear, though the eye was still red and painful. The cocaine solution was applied three times a day till November 18th, when the inflammation of the conjunctiva had almost entirely disappeared, and there was no longer any pain or intolerance of light. To-day, November 20th, the eye is nearly as well as ever, and there is no trace of the corneal injury or opacity.

Dr. H. T. Nelson, of this place, tells me that he has observed a similar result from the instillation of a two per cent. cocaine solution, in a case in which there was an opaque line across the cornea, from the irritation set up by a piece of steel or coal, which had stuck in the cornea and remained there several days before it was removed. Two days after the use of the cocaine solution to anæsthetize the eye, in order to remove the foreign body, the opacity had entirely disappeared.

In several of the cases in which I have used it, it seemed to diminish the congestion of the conjunctiva, even when acutely inflamed, and this action is in keeping with the observations of Dr. F. H. Bosworth, of New York, who found it to cause contraction of the bloodvessels of the nasal mucous membrane when applied thereto.

Further observations will, of course, be necessary before any definite conclusions can be reached as to the value of cocaine (aside from its anæsthetic action) in such cases as those which I have mentioned. The object of the present paper is simply to call attention to the subject.

WM. C. DABNEY, M.D.

CHARLOTTESVILLE, VA., November 20, 1884.

## NEWS ITEMS.

### NEW YORK.

(From our Special Correspondent.)

**YELLOW FEVER AND QUARANTINE.**—Much newspaper sensationalism has been generated by the announcement that a yellow fever patient had run the gauntlet at "quarantine," and had found his way to a sailors' boarding-house. The health officials of the city promptly removed him, and there is no cause for worry.

**THE NEW YORK MEDICAL ASSOCIATION** has met at the Murray Hill Hotel, and much interest has attended its deliberations. Its *raison d'être* is "the Code," and its membership comprises some of the best known names in the city. A number of really good papers of an essentially practical character were read.

**MR. RICHARD'S LUNACY CASE.**—Dr. Packard, of Philadelphia, came on the other day to appear in the lunacy proceeding in which Mr. Richards, the son of a former Philadelphia mayor, figured. This is another one of those outrageous habeas corpus cases brought by designing persons; in this instance to remove from Dr. Barstow's private asylum a patient who was so deeply demented that he had no idea of any of the proceed-

ings. Judge Bartlett sharply reprimanded the lawyers, and accepted the reports of Drs. Gray and Hamilton, whom he had appointed and who pronounced the man indubitably insane.

**COCAINE** is being used by other physicians than the oculists. Dr. Bosworth has met with very great success in its local application to the nasal fossa in the removal of polypi and enlarged turbinated bones, and we heard only a day or two ago of its having been used in an operation for the removal of hemorrhoids, in both instances with great success.

**DR. SAMUEL B. WARD**, of Albany, is the physician of the President-elect, and one of his warmest friends.

**DR. HACK TUKE**, of London, before he left New York, was the recipient of a large lunch party at Bloomingdale Asylum. His vacation here was spent in inspecting the insane asylums, and collecting literary material.

### CHICAGO.

(From our Special Correspondent.)

**THE COUNTY INSANE ASYLUM.**—On Tuesday, November 11, Dr. S. V. Clevenger, Special Pathologist to the Cook County Insane Asylum, read a paper, entitled "Political Abuse of the Insane," before the Chicago Medical Society. He began by saying there was a wonderful similarity in the degradation of American insane asylums from the fact that all were controlled by politicians. The employes were generally of the same class. Investigations were almost invariably barren of results.

After referring to the fortunate election to the superintendency of the Cook County Insane Asylum of Dr. James G. Kiernan as a purely accidental occurrence, resulting from a ring quarrel, Dr. Clevenger made specific charges against the warden, matrons, and other employes. Dr. Kiernan's beneficent laws, as regards the restraint of patients, were not obeyed.

A great uproar followed Dr. Kiernan's first order to the attendants—not to restrain a patient without an order from a physician. The second order was to the effect that the night watch should not issue medicine to the patients at their own will, but were to call up a physician. Before this order, as much as ten gallons of sleeping medicine per month was dosed out in the most unskilful manner to all classes of noisy patients.

The patients were insufficiently fed and clad, and were overworked in the manufacture of fancy articles, carpets, etc., for the benefit of the officials.

Dr. Clevenger's paper elicited a very lively discussion, in which Drs. Paoli, Fenn, J. C. Cooke, Newkirk, and Davidson took part. A communication from the Citizen's Association, asking the Society to appoint three physicians to meet with two laymen from the Citizens' Association, for the purpose of investigating the condition of affairs in the Cook County Asylum, was then read.

### CANADA.

(From our Special Correspondent.)

**REMOVAL OF LARGE CALCULUS.**—Dr. Burns, of Toronto, recently removed a calculus from the bladder of

a youth, aged twenty-one, by the suprapubic method. The stone weighed three and a half ounces and its diameter was two and three-quarter inches. The case, unfortunately proved fatal within twenty-four hours. The nucleus of the calculus consisted of a piece of pitch.

**COCAINE.**—Dr. Buller, Professor of Ophthalmology in McGill University, has been using hydrochlorate of cocaine extensively in his operations. He has performed several cataract extractions and iridectomies without pain by the aid of a solution of this new anæsthetic. He has also removed several tarsal cysts, but here he found that complete anæsthesia was more difficult to produce than in the eye itself, and the patients all felt slight pain during the operations.

**PRELIMINARY EXAMINATION OF ONTARIO MEDICAL COUNCIL.**—The high school intermediate examination, which was formerly accepted as equivalent to matriculation before this Board, is now replaced by a third class teachers' examination with Latin. It is a more difficult examination than the intermediate.

#### PARIS.

(From our Travelling Correspondent.)

**SUCCESSFUL YELLOW FEVER INOCULATIONS.**—The following appeared in the Paris papers of November 11th, and may be news to your readers:

In yesterday's session of the Academy of Science, M. Bouley, Vice-President, entertained his colleagues with a discovery of great importance. Since 1880 M. Domingas Freire, Professor in the Medical School at Rio Janeiro, has occupied himself with the question of yellow fever inoculation. He has even made several communications on the subject to the Academy of Medicine. He had not been able to demonstrate the microbe of yellow fever, but ascertained that the virus, of whatever nature it may be, had been attenuated, and that guinea-pigs had acquired immunity.

Since then, a Frenchman, M. Rabourgeon, a pupil of Chauveau, Pouchet, and Pasteur, had been called by the Emperor Dom Pedro, to found a veterinary school at Rio Janeiro. He started supplied with all the necessary apparatus for the study and culture of microbes.

Domingas Freire and Rabourgeon then united their efforts to solve the question. After having carefully experimented on guinea-pigs with the attenuated virus, they inoculated themselves as well as several students of medicine and employes of the Museum at Rio. They underwent the symptoms of mild yellow fever which disappeared in three days.

The Emperor Dom Pedro visited the laboratory, and having satisfied himself of the excellent results of their method, authorized them to experiment on human beings. Nearly 200 persons, most of whom were wharf-laborers, submitted to the vaccination and remained unaffected, while around them were large numbers of their comrades succumbing to the disease.

English sea-captains sailing in these latitudes, learning that yellow fever was epidemic at Rio Janeiro, had all their crews vaccinated, first setting the good example themselves.

The description of the microbe will eventually be published. Meanwhile it is certain that the attenuated

virus has preserved about 500 animals and human beings, who had submitted to the vaccination.

These happy results must be compared with the report made by Dr. Rochard, that of twenty-five physicians sent to Senegal to care for the yellow fever patients, twenty-three had soon died, and the conclusion is near that this vaccination is destined to save the Europeans who visit the places where yellow fever is endemic. We are happy to see, adds one of the Paris newspapers, that one of our countrymen, a pupil of our own savants, is among the new benefactors of mankind.

**NATIONAL CONFERENCE OF THE STATE BOARDS OF HEALTH.**—A meeting of the conference will convene at the Ebbitt House, Washington, D. C., at 10 A.M., December 10th, and the quarantine officers and the health officers of the principal cities in the United States and Canada, are invited to attend, and to be prepared to report the sanitary status of their State or locality, and what steps have been taken to improve the same, and to prevent the introduction of disease.

The gradual extension of the cholera in Europe, the serious outbreak of the disease in Paris, and the well-known fact that it has never prevailed in that country as an epidemic without reaching our continent, coupled with the knowledge that our national government is taking no efficient precautions to prevent its importation, give great importance to this meeting.

**REMOVAL OF A CYSTIC KIDNEY.**—PROF. DONALD McLEAN, of Detroit, removed, on October 26th, a large cystic left kidney, both ovaries, and the greater portion of the great omentum, from a woman who is thought to be in an early stage of pregnancy. From recent reports, seventeen days after the operation, it seems that the patient has nearly recovered.—*The Physician and Surgeon*, November, 1884.

**"HOME CRITICISMS OF HOMŒOPATHY."**—*The New York Medical Times* (Homœopathic), in its issue for October, makes the following comments on an editorial under the above title, which appeared recently in a New Code contemporary.

"We have more than once had occasion to admire and commend the candor and intelligence with which the *Medical Record* occasionally treats, when it chances to be in a happy frame of mind, some of the great medical questions of the day. We were not prepared, however, for so wide a departure from the traditions and practice of its school, so clear a foresight of the future, and such an utter disregard of consequences, as when it boldly avows that 'homœopathy should be taught in all medical colleges, as a branch of historical medicine or psychological therapeutics,' and asserts 'that in that direction matters are rapidly tending.' We are aware that the *Medical Record* has for some time been foraging, with very evident satisfaction both to itself and readers, in the rich fields of homœopathic literature, publishing in successive numbers gleanings from the homœopathic materia medica, recommending in dysentery merc-cor. in the 16th of a grain, in alternation with colocynth half-hourly in the 80th of a drop, and also the 10,000th part of a grain of merc-cor. as an anti-septic; noting wonderful cures performed by drosera in

whooping cough, by ipecac in minute doses in certain forms of nausea and vomiting, and by hepar-sulph. and a score of other remedies when specially indicated, whose therapeutic action has been so clearly set forth in our works on materia medica. Nearly all the manufacturing chemists, in their delicately prepared granules representing infinitesimal portions of medicine up to the rooth of a grain, have contributed something to the advanced spirit of our contemporary, by placing facilities in its way of following out a line of scientific investigation which, when understood, appeals so strongly to its intelligence that it unhesitatingly asserts that 'homœopathy should be taught in all medical colleges as a branch of historical medicine.'

"As the history of Roman law is the history of the jurisprudence of all the most civilized and enlightened nations of the earth, so the history of homœopathy is the history of scientific therapeutics throughout the world. The *Medical Record* shows the drift of public sentiment, and its own foresight, when it urges that the 'history of homœopathy shall become part of the teachings of all medical colleges,' for all that is necessary to have those principles take the position they merit in all medical teaching and practice is to have them presented as the true historian would present them, in their naked strength. We have long believed that, in the not distant future, the history of homœopathy would form a part of the curriculum in all medical colleges which could lay claim to scientific impartial medical teachings, and we are glad to see one of the leading and most ably conducted journals of the old school assert, in such positive terms, that 'in that direction matters are rapidly tending.'"

#### NOTES AND QUERIES.

##### ERYTHROXYLON COCA AS AN ANÆSTHETIC.

To the Editor of THE MEDICAL NEWS.

SIR: In March, 1876, I drew attention, in the *London Lancet*, to the anæsthetic action of coca on the throat and larynx, when used in the form of inhalation, and mentioned cases in which the smoking of coca leaves, mixed with tobacco, had a decided sedative effect on bronchial spasm, idiopathic asthma, chronic irritating cough, etc. Since then I have many times recommended its admixture with tobacco to sufferers from the above complaints with success; and, indeed, know asthmatic patients who habitually use it to ward off or relieve attacks. I also mentioned in my original communication that coca dilated the pupil.

I here refer to these observations of mine, made in 1876, as coca is again engaging the attention of the medical world as an anæsthetic for the eye and throat.

LOUIS LEWIS, M.D.

1632 VINE ST., PHILA., NOV. 15, 1884.

##### NOT NEW, BUT A NEW APPLICATION.

To the Editor of THE MEDICAL NEWS.

SIR: In the number of your journal just received, under the heading of "New Inventions," is an article and woodcut describing a surgical needle supposed to be a new device. Doubtless it is original with the author, Dr. C. M. Wilson, nevertheless it is not new, as the author supposes. I saw and used this needle in operations on the cadaver in Vienna, Austria, in 1881. Its application in trachelorrhaphy is, so far as I know, entirely original with Dr. Wilson. I saw it used in Vienna to pass the sutures in vesico-vaginal fistula operations. Dr. Wilson apparently has always been able to pass the needle through both sides of the cervix laceration, to thread it, and in withdrawing it to leave the suture in position. This it is not always possible to do in using the needle for vesico-vaginal fistula operations, or in operating for a cleft in the soft palate. Should an operator find it difficult to penetrate both sides of a laceration anywhere, the difficulty is readily overcome in the following manner:

Thread both the right- and left-handed needle with a long thread, the middle of the thread resting in the eyelet. Take up the right-

handed needle, grasping the double thread in the hand also. Pass the needle through one side of the laceration or fistulous opening. The eyelet with the thread in it is now in view. Slip a blunt tenaculum between one of the threads and the shaft of the needle. Hold to the thread and withdraw the needle. With the tenaculum pull the loop toward you a short distance and drop it. Lay aside the tenaculum. Take up the left-handed needle, grasping the double thread in the hand also. Pass the needle through the opposite side of the laceration or fistulous opening, the eyelet with the thread is now in view. Slip a blunt tenaculum between one of the threads and the shaft of the needle. Hold to the thread and withdraw the needle. With the tenaculum draw the loop entirely out of the vagina. You now have each lip secured with a double thread, and the two loops are between the edges to be approximated. With the scissors cut the last loop. Seize one-half the thread and draw it out, being careful to leave the other half in. Take the end of the one left and draw it through the remaining loop. Now draw upon the free ends of the looped thread and the single thread is pulled into place ready to be tied. Either of the needles may be threaded with fine, strong thread, both ends being left long, and thus passed through both lips; the loop may then be secured with the blunt tenaculum, and be drawn toward the operator while the needle is withdrawn. Into the loop may be hooked a silver wire suture, which is quickly drawn into place. If the needle be threaded with a suture of silk, or silkworm gut and passed, the suture may be taken out of the eye of the needle with the blunt tenaculum, and while it is held by a pair of dressing forceps the needle may be withdrawn, and the suture can then be pulled further into place for tying.

In operations on the soft palate the needle should be placed at an obtuse angle to the shaft.

I believe the introduction of this needle into trachelorrhaphy by Dr. Wilson is a good thing, for which he deserves our thanks.

Very respectfully yours,

R. S. SUTTON, M.D.

419 PENN AVENUE, PITTSBURG, PA.,  
November 22, 1884.

##### NOT A NOVELTY.

To the Editor of THE MEDICAL NEWS.

SIR: In your issue of to-day I note an article headed "A New Cervical Needle," with an illustration representing the instrument. I cannot, however, see that this differs in any material respect from that depicted and described in Agnew's *Surgery* (Vol. II. p. 976, Fig. 1649), as used in the operation for cleft palate. And but for the smaller size and sharper curve of the needle part, it is exactly the same as the needle in common use for suturing the lacerated perineum (see Gemrig's Catalogue of Surgical Instruments, p. 104, Pl. 45, Fig. 4). The latter instrument (often spoken of as Baker Brown's needle, although the one figured in his book has no double curve) I have known and used for many years; and it does not seem to me that a claim of novelty can be properly set up for an article on identically the same principle.

Respectfully yours,

JOHN H. PACKARD, M.D.

PHILADELPHIA, Nov. 22, 1884.

##### OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM NOVEMBER 18 TO NOVEMBER 24, 1884.

McKEE, JAMES C., Major and Surgeon.—Leave of absence extended one month.—S. O. 273, A. G. O., November 20, 1884.

GODDARD, C. E., Major and Surgeon.—Assigned to duty at Fort Yates, D. T.—S. O. 138, Department of Dakota, November 15, 1884.

COWDUY, S. G., Captain and Assistant Surgeon.—Granted leave of absence for one month.—S. O. 237, Department of the East, November 17, 1884.

TAYLOR, A. W., First Lieutenant and Assistant Surgeon.—Relieved from duty at Fort Omaha, Neb., and ordered for duty at Fort D. A. Russell, Wyoming Territory.—S. O. 101, Department of the Platte, November 19, 1884.

THE MEDICAL NEWS will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.

Local papers containing reports or news items should be marked.

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS should be addressed to No. 1004 Walnut Street, Philadelphia.